



TEEN PARTICIPANT INFORMATION

Full Name: _____ Home Phone #: _____

Home Mailing Address (Street, City, State, Zip Code): _____

Participant Cell Phone #: _____ Participant Email: _____

Participant attends school at: _____ Current Age: ____ *Current Grade: _____ DOB _____

**For summer programs please enter the grade you will begin in September.*

Which AIR program are you applying for? _____

How did you find out about AIR? _____

Is this your first AIR program? _____

For new participants only: Who referred you to AIR? _____

Phone #: _____ Email: _____

Please tell us why you would like to attend AIR and why you chose the program you noted above:

Please tell us about your other school activities, hobbies, and favorite things to do: _____

TRANSPORTATION Will you need help with transportation? **YES__NO__** Would a parent/guardian be able to help carpool? **YES__NO__**

If you need help with transportation, which one of our van stops would work best for you? Please circle one below:

Rochester Walgreens, Somersworth CVS, Dover CVS, Durham Dunkin' Donuts, Newington Barnes & Noble, Exeter Walgreens

PARENT/GUARDIAN INFORMATION

Please provide the following information for the participant's parent/guardian(s).

Names of Guardian one: _____ Relationship to participant: _____

Guardian Email(s): _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

What is the best way and time of day to contact you? _____

Name of Guardian two: _____ Relationship to participant: _____

Guardian Email(s): _____ Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

What is the best way and time of day to contact you? _____

EMERGENCY CONTACT INFORMATION

*Please provide the following information for an individual **who is not the participant's parent/guardian and who does not reside with the participant.** AIR staff will only contact this information in the case of an emergency if the parent/guardian(s) cannot be reached.*

Name: _____ Relationship to participant: _____



HOW TO SUBMIT YOUR ARTS IN REACH APPLICATION:

MAIL: PO Box 236 Portsmouth, NH 03802 | FAX: 603-505-8663 | EMAIL: info@artsinreach.org | CALL: 603-433-4278 with any questions!

Address: _____

Cell Phone #: _____ Work Phone #: _____

MEDICAL INFORMATION

The following questions allow the staff of Arts In Reach to ensure that our programs will be a good fit for your teen. This information is important for our staff to provide a physically and emotionally safe, beneficial, and enjoyable experience for each of our teen participants. We take privacy seriously. Please be assured that the answers to the questions will be treated confidentially and with respect to the individuals and their families.

Participant's Primary Care Physician: _____ **Phone #:** _____

Physician's Address: _____

Participant's Insurance Carrier: _____ **Phone #:** _____

Group #: _____ ID#: _____

Participant's Therapist/Counselor: _____

Phone #: _____ Email: _____

Medications (please list any current prescribed medications and their purpose):

Please specify any applicable types of conditions, illnesses or disabilities so that AIR may better accommodate your teen:

Allergies (food, insect, medication, etc.): _____

Physical (diabetes, epilepsy, asthma, etc.): _____

Behavioral or Emotional (ADHD, OCD, bi-polar, depression, anxiety, etc.) _____

Developmental or Learning: _____

Has the participant ever been hospitalized? If so please describe briefly. _____

Has the participant had any recent disciplinary issues? If so please describe briefly. _____

Can you describe any issues the participant may have with relationships with peers? What challenges do you envision the participant may have with a group? _____

If the participant has had any difficulties in the past, may we speak with a teacher, guidance counselor, doctor, or therapist to seek further information to help us determine if the participant would be happy at AIR? _____



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(A release form signed by a parent would be required to consult with a doctor or therapist.)

Professional Contact: _____ **Phone** _____

ADDITIONAL AUTHORIZATIONS

Yes ____ **No** ____ I give permission for Arts In Reach (AIR) to take photographs and/or video footage of my child and/or her artwork during the 2019-2020 AIR programs, and for my child's first name and/or photo to be published in newspapers, publications, AIR distributions, the AIR website and other AIR media for no compensation.

Yes ____ **No** ____ I give permission for AIR staff to transport my child during program times and outside outings.

Yes ____ **No** ____ I give permission for AIR staff to administer basic first aid to my child in the case of injury.

Yes ____ **No** ____ I give permission for AIR staff to administer Acetaminophen, Cough Drops or Ibuprofen to my child.

PLEASE MAKE SURE I RECEIVE AIR'S E-NEWSLETTER UPDATES:

PERMISSION TO ATTEND AND PARTICIPATE IN AIR PROGRAMS

Please read the following information thoroughly and carefully.

I understand and certify that my child's participation at Arts in Reach (hereafter referred to as AIR), is completely voluntary.

I recognize that a wide variety of activities and outside fieldtrips will take place. Events and projects include, but are not limited to: performance art workshops, writing, dancing, visual art, music, film and social drama. I acknowledge that mature, teen girl topics may be discussed formally and informally by teen mentors during my child's participation at AIR. Topics include but are not limited to: body image, self-esteem, stereotypes, bullying, nutrition, drugs and alcohol, emotional expression, goal setting, relationships, free speech, self-discovery and personal ethics and morals.

Although AIR and the outside public/private venues and homes selected to host the programs have taken safety precautions, I recognize that these organizations or their staff cannot ensure nor guarantee that participants, equipment, or personal belongings will be free of hazards, accidents, and/or injuries. **I further recognize and have instructed my child in the importance of knowing and abiding by the program's rules, regulations, and procedures for the safety of participants.** I will not hold AIR responsible for any lost or stolen items of mine or my child's while at AIR programs or outings. I give AIR the permission to conduct random searches for drugs, alcohol, missing items, and/or weapons on my child and/or her belongings while attending all AIR programs and outings. I understand that AIR is an after-school provider required to report any suspected abuse (PAST or PRESENT) of participants to the Division for Children, Youth and Families (DCYF) for investigation. I give AIR staff and volunteers permission to transport my child to and from AIR programs and additional AIR outings, and release both the organization and individuals from responsibility in case of accident.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by the director and/or leaders to order X-rays, routine tests and/or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director and/or leaders to secure and administer treatment, including hospitalization for my child. This form may be photocopied for trips off the property.

PARENT/GUARDIAN NAME (printed) _____ **DATE** _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

RELEASE OF LIABILITY DISCLAIMER

Arts In Reach (AIR) is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of Arts In Reach (AIR), its representatives, or employees during the 2019-2020 program year.

In consideration of this minor child's participation, I hereby release Arts In Reach (AIR), its representatives or employees from any present and future claims from negligence arising as a result of this minor child's participation in AIR program activities, transportation, and sanctioned off campus trips. I understand that these activities have inherent foreseeable and unforeseeable risks and dangers associated with them. Risks and dangers may include, but are not limited to: motor vehicle travel, exposure to forces of nature, remoteness from medical facilities, insufficient cellular phone coverage, physical and mental challenges. I acknowledge that this child's participation in Arts In



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Reach (AIR) is voluntary.

I hereby assume all risk of injury or death, and damage to this minor child’s person or property during the course of any Arts In Reach (AIR) activity , or thereto, whatever or however the above may occur. I hereby voluntarily waive any and all claims resulting from negligence, both present and future that may be made by me, my family, estate, heirs, or assigns. I agree to indemnify and hold harmless Arts In Reach (AIR), its representatives, or employees if loss, threatened loss or expense from negligence were to occur. I have read this form and fully understand that by signing this form, I am waiving legal rights and or remedies which may be available to me for the negligence of Arts In Reach (AIR), its representatives, or employees. I hereby acknowledge that if any provision or provisions of this agreement shall be held to be invalid, illegal, and unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby. I affirm that I am the parent or legal guardian of this child, and am freely agreeing to these terms.

By signing below, I acknowledge that I have read and understand the above statements.

PARENT/GUARDIAN NAME (printed) _____ **DATE** _____
PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

DEMOGRAPHIC INFORMATION

**All information recorded in this section will be kept confidential. The information will be used by Arts In Reach (AIR) for statistical purposes, program assessment and planning, and may aid in securing program funding through grants.*

What is your daughter’s race (i.e. African American, Caucasian, Hispanic, Asian, Native American, etc.)?

What is the annual income level in your household? Please circle below:

Less than \$25,000	\$25,001-\$35,000	\$35,001 to \$45,000
\$45,001 to \$55,000	\$55,001-\$65,000	More than \$65,001

Please circle the education level of each guardian of the participant:

Parent/Guardian 1

Some High School	High School Diploma	Some College
2 Year College Degree	4 Year College Degree	Graduate Degree

Parent/Guardian 2

Some High School	High School Diploma	Some College
2 Year College Degree	4 Year College Degree	Graduate Degree

Please circle your answers to the following questions:

Has either parent/guardian served or currently serve in the US Military? YES NO
 Does this participant qualify for free/reduced lunches at school? FREE REDUCED NO
 If your daughter lives in a single parent household, who heads it? FEMALE MALE
 How many members are in your household? 1 2 3 4 5 6 7 8 9 10+



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