



## TEEN PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

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

Participant Cell Phone #: \_\_\_\_\_ Participant Email: \_\_\_\_\_

School Participant Attends: \_\_\_\_\_ Current Age: \_\_\_\_\_ \*Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Which AIR program are you applying to? \_\_\_\_\_

Is this your first AIR program? \_\_\_\_\_ How did you find out about AIR? \_\_\_\_\_

Please tell us why you would like to attend this AIR program: \_\_\_\_\_

List other school activities, hobbies, and favorite things to do: \_\_\_\_\_

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?

Rochester Walgreens

Somersworth CVS

Dover CVS

Durham Dunkin'

Newington Barnes & Noble

Exeter Walgreens

## PARENT/GUARDIAN INFORMATION

Name 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

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 person in the case of an emergency if the parent/guardian(s) cannot be reached.

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_



WAYS TO SUBMIT YOUR ARTS IN REACH APPLICATION:

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

## MEDICAL INFORMATION

The following questions allow the staff of Arts In Reach to ensure that our programs will be a good fit for you. This information is important for our staff to provide a physically and emotionally safe, beneficial, and enjoyable experience for each of our 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.

*Please specify any applicable types of conditions, illnesses or disabilities so that AIR may consider accommodations for 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:** \_\_\_\_\_

\_\_\_\_\_

**Does your child currently have an IEP or 504 plan?**  YES  NO

**If yes, what are the accommodations your child receives at school?** \_\_\_\_\_

\_\_\_\_\_

**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?** \_\_\_\_\_

\_\_\_\_\_

**Participant's Therapist/Counselor:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Participant's Insurance Carrier:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**ID#:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Participant's Primary Care Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

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

\_\_\_\_\_

Please note that AIR staff are not medical professionals. Parents and teens are responsible for administering medications during programs.



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**Do you want AIR to speak with a teacher, guidance counselor, doctor, or therapist to help determine if AIR is a good fit for your child?**  YES  NO

AIR will need a release form signed by a parent is required for AIR staff to consult with a doctor, therapist or other professional contact.

**Professional Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

## AUTHORIZATIONS

YES  NO I give permission for Arts In Reach (AIR) to take photographs and/or video footage of my child and/or their 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:

## 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 child's race (i.e. African American, White, Hispanic/Latino, Asian, Native American, etc.)?**

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**What is the annual income level in your household?**

\$0 - 19,999

\$20,000 - \$29,999

\$30,000 - \$44,999

\$45,000 - \$54,999

\$55,000 - \$64,999

\$65,000 and greater

**What is 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

**Has either parent/guardian served or currently serves in the US Military?**

YES

NO

**Does this participant qualify for free or reduced lunch at school?**

YES

NO

**If your child 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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## PERMISSION TO PARTICIPATE AND PARENTAL CONSENT FORM

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

I understand that space in AIR programs is limited and that AIR programs may not be the best fit for every teen. Admittance is not guaranteed.

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 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, substance use prevention, 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 or 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 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 \_\_\_\_\_



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