# ART on MY MIND

## Program Application

THE ELLINGTON-WHITE community development corporation
Art • Culture • Civic Engagement

☐ New Participant Date: _____

Student's Name _____

Age _____ Birthday _____ Grade _____ School _____

Address _____City _____ Zip _____

Home phone# _____Cell #_____

Name of Parent or Guardian _____

Address if different _____

In the event of an emergency where staff members feel that the student would need to go to the hospital or elsewhere for immediate medical attention, I agree for staff members to refer the above named youth for medical care if needed. Yes

Parent Contact and Phone Number: _____

Please list all known food, medication, insect allergies etc: _____

Is the student currently on medication: No
If yes, please include the type of medication, times, dosage, and any of side effects of the medication.
_____

My child currently has medical problems: No If yes, please explain:
_____

Please indicate the name of your family physician or other physician that you prefer your child to see (name, address, and phone number):_____

Media Consent:
☐ **I give permission** to Cumberland County CommuniCare, Inc. and The Ellington-White CDC to film or photograph my child while attending any special events or activities. Photographs may be used for advertising the Discovering Art Program on Facebook, program brochures and other marketing materials.

**Release of Liability:**
☐ **I give permission** for the child named above to participate in all art activities sponsored by the The Ellington-White CDC. I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this **Permission Waiver Form** shall be binding upon my family, heirs, my legal representatives, successors, assigns, and me. The Ellington-White CDC or Arts Council of Fayetteville Cumberland County will not be liable for any loss or stolen items to include electronic devices, i.e. Cell phones, I Pads, etc.

**Statement of Commitment:** I agree to provide transportation for my child and ensure that he/she attends art classes on _____for 6 weeks.

Signature of Parent/Guardian: _____ Date: _____

Signature of Youth Participant: _____ Date: _____