



Art + Media House
Discover the Power of Your Art
Prospective/Member Questions

Your name: _____ Date: _____

Please take your time to answer the following questions, your responses will allow us to learn about you and assist you better.

1. What kind of Art/ Digital Media/ Music/ Creative Writing have you done in the past? Where?

2. What do you do during your free time?

3. Describe your future aspirations?



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Street • Washington, DC 20009 • Tel. (202) 319-2299 • www.ArtMediaHouse@layc-dc.org

Parent Guardian Program Permission, Liability Waiver & Media Release:

Program Permission:

- I give permission for my son/daughter to attend the LAYC Art + Media House program.
- I understand that my son/daughter may be working in studio spaces that may involve contact with mechanical equipment and/or chemicals.
- I support my son/daughter in their creative endeavors.
- I understand that this signed form is a general permission that extends to all Art + Media House related youth activities unless otherwise noted by me.

Liability Waiver:

- As a parent or legal Guardian of the above named minor. I have verified that the information on this form is correct and I grant permission for this minor to participate in all activities of this instructional program. I assume all risk and hazard incidental to such participation, including risk of serious injury, and do hereby release and waive all claims against the Latin American Youth Center "LAYC", and its officers, directors, instructors, sponsors, volunteers, and other participants. I further grant permission for emergency first aid officers, to be given to my child in case of injury. I agree to waive any and all claims that LAYC, its volunteers, employees, and agents, failed to prevent, detect, or are otherwise responsible for improper conduct by an instructor or other person that causes injury to my child while participating in or in conjunction with the after-school program.

Media Release:

- I agree that representations of my son/daughter image, voice, or creative works may be used for educational and promotional purposes by the LAYC and Art + Media House.

School Report Cards Required

Participation in the program requires that youth are currently enrolled in school or working towards a GED. All youth must submit their report card to the program at the end of each 9-week grading period to maintain active participation in the program.

Parent/Guardian/Signature

Student's Signature

____/____/____
Date



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Parental Permission and Medical Release Form

Youth Participant _____

Parent/ Guardian _____ Home Phone _____ Secondary Phone _____

Medical Information

I hereby warrant that to the best of my knowledge, I am/my child is in good health and is physically capable of participating in the Art and Media House program.

I am/ My child is covered by hospitalization and medical insurance under health policy # _____ issued by _____

In the event of an emergency, I hereby grant permission to transport my child and obtain emergency medical, dental, or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my child's care to an Art House staff person. I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact (Name) _____ (Phone) _____ (Relationship to Youth) _____

My child is taking medication at present. He/She will bring all such medications necessary and such medications will be well-labeled. He/She is responsible for taking the medications as prescribed by the doctor.

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

I hereby grant permission for general first aid to be administered, including nonprescription medication (such as aspirin and/or throat medicines) to be given to my child, if requested by my child and deemed advisable by an adult staff or chaperone.

I wish to inform you about the following medical information and the course of action (allergies, dietary restrictions, special conditions, etc.)

I agree to assume all financial responsibility for any medical treatment provided for my child/ myself.

Parent / Guardian Signature: _____ Date: _____