



Teen
ARTpreneurs
Training Program

REGISTRATION PACKET

Full Name of Participant

you have career options—find yours in the arts!

www.artsygroup.org

AUDITION INSTRUCTIONS

Applications are being accepted now and throughout the school year.
You must bring your applications with you to your audition.

Program Requirements

NOTE: All artists must provide reasonable proof of their artistic ability through an audition process before being accepted into the **Teen ARTpreneurs Training Program.**

Artists must also provide any additional information that will influence the selection committee's decision, including three letters of recommendation from a principal, teacher, counselor, sponsor or parent.

- Artists must already be age 14 and/or attending high school during the 2009-2010 school year.
- All grade averages are accepted, but significant progress is required to remain in the program.
- Interested artists must adhere to a career counseling interview during the audition process.
- Artists must have the ability to read and write.
- Artists must have a willing attitude.
- Artists must possess the ability to work well individually or in teams.
- Artists must have access to their own transportation (i.e., car, bus).

Career Training & Job Placement Requirements

- Completion of our training program is a must. Artists will not be placed in an internship unless the program has been successfully completed.
- Artists must be poised and confident in their ability and possess excellent artistic skill.
- Artists must be able to perform under pressure.

Contact our office at 972-979-0665 with questions or for more information.

you have career options—find yours in the arts!

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Registration Form

A non-refundable program fee of \$75 per session and a completed application is required to participate in this program.

Artist Information

Artist Name _____ Age _____

Ethnicity: Black _____ White _____ Hispanic _____ Asian _____ Other _____

Address _____ City, State _____

As an artist, I am interested in a career in _____

Name/Age of other siblings registered with the TAT Program _____

T-shirt Size (Adult): xSmall Small Medium Large xLarge 2x r

PLEASE CHECK FOR PARENT/GUARDIAN PARTICIPATION:

Parent Education Workshops A.R.T. Resources for College Workshop Both Workshops

School Information

Home School and District _____

Student ID# _____ Grade level for 2009-2010 School Year _____

Parent Information

Parent/Guardian's Name _____

Phone _____ E-mail _____

Emergency Pickup: Name/Relationship _____ Phone _____

Medical Information

Allergies _____

Medications/Instructions _____

Dietary/Medical Restrictions _____

Insurance Company _____

Policy Number _____

HEARTS FOR THE ARTS, INC. USE ONLY

Date Rec.'d: _____ Amt. Paid \$: _____ Cashier's Check . Money Order **A** Cash Reg.'d By: _____

Parent Survey

(To Be Completed by Parent/Guardian)

1. Why does your child want to participate in the **Teen ARTpreneurs Training Program**?
2. Briefly describe your expectations of the **Teen ARTpreneurs Training Program**.
3. What do you believe is your child's artistic strength(s)/interest(s)?
4. What have you done up to this point to support his/her talent(s)?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school, emotional or otherwise?
8. Has your child experienced any traumatic events (death in the family, abuse, divorce)? And is he/she currently seeing a therapist or counselor? If yes to either/both, please provide details.
9. List any additional background information that can be helpful in planning a career strategy for your child.
10. Please indicate with a response of yes or no if you are interested in counseling services for your child.

Teen Artist Survey
(To Be Completed by Youth)

1. Why do you want to participate in the **Teen ARTpreneurs Training Program**?
 2. Briefly describe your expectations of the **Teen ARTpreneurs Training Program**.
 3. What do you believe are your artistic strength(s)/interest(s)?
 4. What have you done up to this point to develop your talent(s)?
 5. What are some favorite things you like to do?
 6. What are your favorite school subjects?
 7. What is one goal you have set for the future?
 8. If you could learn something new, what would it be?
 9. What person do you most admire and why?
 10. Describe your ideal Saturday.
 11. Please list other activities you are interested in besides your artistic interest.
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Artist Contract

Name: _____ Date: _____

By choosing to participate in the Hearts for the Arts, Inc.'s Teen ARTpreneurs Training Program, I agree to:

- Follow all rules and guidelines as outlined by the program policies, and this contract
- Have a positive attitude and be respectful of my peers and adults
- Make a one-year commitment to communicating with my mentor
- Inform the program coordinator of any difficulties or concerns that may arise during the program or my mentor
- Notify the program coordinator if I have any changes in address or phone number

Upon successful completion of the program, I know that I will receive:

- Certificate of Completion (issued at the end of session)
- Start-up portfolio
- Artist's statement/resume
- A wealth of knowledge
- Perpetual resources
- Mentor
- Confidence

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Artist's Signature) (Date)

(Parent's Signature) (Date)

(Authorized Hearts for the Arts Representative Signature) (Date)

Parental Consent, Release and Terms and Conditions

I understand that there is a non-refundable program fee of \$75 per artist, per session that must be submitted with a completed application (additional children in same household is discounted \$10 per child).

I give my permission for my child to fully participate in any and all activities of the **Hearts for the Arts, Inc. Teen ARTpreneurs Training Program**, and hereby approve of my child being photographed during these activities for use with printed materials for promotional purposes only.

I assume all risks and hazards incidental to such participation including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless **Hearts for the Arts, Inc.**, organizers, respective teachers, assistants, agents, other participants or parents/guardians, sponsors, supervisors, volunteers, and any other persons from any and all claims for damage or injury to the person or property of my child arising from any activities of or participation in this program.

I further grant permission for emergency first aid to be given to this minor and for him/her to be taken to the emergency room of a nearby hospital in the event of accidental injury, and waive and release **Hearts for the Arts, Inc.** of all rights and claims that arise from my child traveling to, participating in, or returning from any of its activities. Permission is also granted to the hospital and staff to provide any treatment that a physician deems necessary for the well being of the child.

In the event of illness or injury requiring treatment, hospitalization and/or surgery, I, the child's family or their medical insurance is responsible for the cost. We/I will accept all expenses for such treatment. I release **Hearts for the Arts, Inc.** of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and field trips and hold harmless any **Hearts for the Arts, Inc.** staff, partnering agencies and affiliates or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

As a parent/legal guardian of a child participating in the **Teen ARTpreneurs Training Program**, I will abide by, and make sure to the best of my ability that my child abides by, any and all rules, terms, conditions and procedures set forth by the program and that he/she respects the learning environment and partners associated with **Hearts for the Arts, Inc.** I understand that any disciplinary actions taken with my child will be fair, respectful, non-physical and non-violent, and that I will be notified immediately if any disciplinary action should be taken with my child or if dismissal from the program is unavoidable.

I understand that if my child violates any rules, terms, conditions or procedures set forth by **Hearts for the Arts, Inc.**, he/she can be dismissed from the program and from any and all affiliation with the program and any of its affiliates indefinitely, except if later approved by a director.

I have read and agree to the terms and conditions set forth by **Hearts for the Arts, Inc.** I understand that if my child or I do not comply with these rules, we will be immediately dismissed from receiving services and any and all affiliation with the program and its partners.

Printed Name of Artist

Date

Signature of Artist

Date

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Check-off List:

1. Registration Form
2. Parent Survey
3. Teen Artist Survey
4. Artist Contract
5. Parental Consent, Release and Terms and Conditions
6. Make a copy for your records

