



Teen
ARTpreneurs
Training Program

REGISTRATION PACKET

Full Name of Participant

you have career options—find yours in the arts!
www.artsygroup.org / 214-925-7006

Registration Form

Artist Information

Name _____ Age _____

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

Address _____ City, State, ZIP _____

County _____ I am interested in a career in _____

Name/Age of other siblings registered with Teen ARTpreneurs _____

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

PLEASE CHECK ALL SERVICES INTERESTED IN:

___ The Jo Calloway Agency (Talent consulting that offers booking, training, character development and mentoring matching)

___ Parent Education (Proven tips, professional advice on raising, supporting and finding resources for your talented child)

___ A.R.T. Resources for College (One-on-one assistance with the application, registration and tuition process for college)

School Information

Home School and District _____

Grade Level _____ GPA _____

Parent Information

Parent/Guardian's Name _____

Phone _____ E-mail _____

Emergency Pickup: Name/Relationship _____ Phone _____

Medical Information

Allergies and/or Dietary/Medical Restrictions _____

Medications/Instructions _____

I/We authorize Hearts for the Arts, Inc., or a designee, the right to seek or secure any and all emergency medical care and treatment for my child for acute illness suffered or injury sustained while participating with hearts for the arts, inc. or in any of its activities. i understand that cost of services provided by ambulance, private physician, clinic, hospital or dentist remain the responsibility of the parent or guardian and will not be assumed by hearts for the arts, inc. or a designee.

----- **For Hearts for the Arts, Inc.'s Use Only. Do Not Write Below This Line.** -----

Date Rec.'d: _____ Reg.'d By: _____

Amt. Paid \$: _____ Cashier's Check Money Order Cash Program Grant (complete the following)

Agency Name: _____

Program: _____

Mentor(s): _____

Teen Artist Survey
(To Be Completed by Youth)

1. Why do you want to participate in the **Teen ARTpreneurs Training Program**?

2. What do you believe are your artistic strength(s)/interest(s) and what have you done up to this point to develop your talent(s)?

3. What are your favorite school subjects?

4. What is one goal you have set for the future?

5. If you could learn something new, what would it be?

1. What person do you most admire and why?

2. Do you have friends? If so, please describe your friendships. If not, why not?

These last three (3) questions are only to determine a strategy for your creativity (e.g., to learn how to you're your creativity to calm anger or sadness, etc., and will not be reported or shared with any other agency or third party):

3. Are you currently having any problems at home or school? If so, how do you express them?

4. Have you experienced any traumatic events (death in the family, abuse, divorce)? If yes, how do you express these experiences?

5. Please indicate with a response of yes or no if you are interested in counseling services with the consent of a parent/legal guardian.

Abstinence Contract

I have identified _____ as my adult, go-to person if I become weak, tempted or coerced into participating in a situation that can become detrimental to my health, life, wholesomeness, safety and overall well-being.

Therefore, by signing this contract, I _____, agree to the following:

1. To remain alcohol and other drug free;
2. To not knowingly be present at parties or other gatherings where alcohol and other drugs are being used;
3. To not knowingly participate in any illegal activity; and
4. To abstain from having sex.

If I violate this agreement, I will immediately contact the person I have identified as my go-to person, communicate my concerns and devise a resolution and plan with them.

Agreed to by,

Your Printed Name

Your Signature

Date

Printed Name of Your Go-to Person

Signature of Your Go-to Person

Date

----- **Hearts for the Arts, Inc. Only** -----

Accepted by,

Signature of Parent or Legal Guardian

Date

Signature of Hearts for the Arts, Inc. Representative

Date

Participant 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
- Commit to try and strictly adhere to the abstinence and all other contracts
- 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 or Vision Board
- Artist's statement or 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)

Parent Survey

(To Be Completed by Parent/Guardian)

1. Why do you want to participate in the **Teen ARTpreneurs Training Program**?
2. What do you believe is your child's artistic strength(s)/interest(s)?
3. What have you done up to this point to support his/her talent(s)?
4. Describe your child's school performance including grades, homework, attendance, behaviors, etc.
5. Does your child have friends? Please describe his/her friendships.

These last three (3) questions are only to determine a strategy for your child's creativity (e.g., to learn how to use their creativity to calm anger or sadness, etc., and will not be reported or shared with any other agency or third party):

6. Is your child currently having any problems either at home or school, emotional or otherwise? If so, how does he/she express them?
7. Has your child experienced any traumatic events (death in the family, abuse, divorce)? If yes, how does he/she express these experiences?
8. Please indicate with a response of yes or no if you are interested in counseling services for your child.

Parental Consent, Release and Terms and Conditions

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

Please Print and Bring This Form to Complete Registration