

**2016-2017 STUDENT APPLICATION**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

High School: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Will the student be carrying a valid passport? Yes\_\_\_\_ No\_\_\_\_

Does student require a valid passport? Yes\_\_\_\_ No \_\_\_\_

Does the student have special medical needs in the event of emergency medical treatment?

Yes\_\_\_\_ No\_\_\_\_ If yes, please explain \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician Telephone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_

Insurance Telephone: \_\_\_\_\_

In the event you cannot be immediately contacted, will the accompanying adult/organization have the authority to make emergency medical decisions for your son/daughter?

Yes\_\_\_\_ No\_\_\_\_

**Legal guardian signature:** \_\_\_\_\_

Legal guardian printed name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

## HOUSEHOLD SIZE MAXIMUM ANNUAL INCOME

Is your household annual income *less* than the amount stated below.

Yes\_\_\_\_ No\_\_\_\_

1 Person	\$44,000
2 Persons	\$50,250
3 Persons	\$56,550
4 Persons	\$62,800
5 Persons	\$67,850
6 Persons	\$72,850
7 Persons	\$77,900
8 Persons	\$82,900

## MEDIA RELEASE FORM LINK 2016-2017

Dear Parent/Guardian:

As we work hard to promote the program and the work of our students, we put together press releases, websites and media alerts featuring our students and their projects. Sometimes representatives from the news media visit our workshops and events, during this time they may take photographs or video of the students.

I give permission to have my child, \_\_\_\_\_, to be interviewed and/or photographed for the 2016-2017 LINK year.  
Student's full name

**Legal guardian signature:** \_\_\_\_\_

**Legal guardian printed name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have sole custody of the son/daughter?: Yes\_\_\_ No\_\_\_

Please be advised that if you have joint custody of your son/daughter, or if both parents are still together, then we suggest that both parents give consent. If you have sole custody you should be prepared to provide proof that the other parent is not required to provide consent (e.g. by a custody order, judgment, or equivalent).

**SECOND LEGAL GUARDIAN INFORMATION**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do both guardians live at the same address? Yes\_\_\_ No\_\_\_

If No:

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

\_\_\_\_\_

## AIGA SAN DIEGO PARENTAL CONSENT PROGRAM YEAR: 2016-2017

I give my consent for my son/daughter \_\_\_\_\_  
Student's full name

to participate in the twice a month workshop with the AIGA San Diego LINK Program. I further agree to relieve the AIGA San Diego LINK program, the AIGA volunteers, Director of AIGA LINK Karen Morrison, the AIGA San Diego Chapter and the national AIGA organization of any and all liabilities that may result from this program.

Please be advised that each student must carry a valid identification at all times. This includes either a valid California ID, Driver's License, School Picture ID and/or a Passport. AIGA acts only as an agent for suppliers and contractors providing services for these workshops. I further acknowledge that AIGA is not responsible for travel or accommodations disruptions beyond its control, and makes no representation in any of the companies involved in these workshops. I agree not to claim against AIGA for damages or losses.

**Legal guardian signature:** \_\_\_\_\_

**Legal guardian printed name:** \_\_\_\_\_ **date** \_\_\_\_\_

**Second legal guardian signature (If applicable):** \_\_\_\_\_

**Second legal guardian printed name:** \_\_\_\_\_ **date** \_\_\_\_\_

### STUDENTS MUST READ AND FILL OUT THE FOLLOWING SECTION:

The Purpose of these workshops are to gain firsthand exposure to and knowledge of the graphic arts. AIGA San Diego LINK and the total organization have been recognized in the professional graphic arts for their innovative and highly successful approach to learning. This agreement and acknowledgment is entered into by the undersigned as a condition of participating in this years 10 workshop classes (a schedule of Classes will be provided once accepted into the program).

Extended dates and additional field trips may be added to the calendar.

An important part of the experience is to observe and learn the many possibilities in the graphic arts. There may be field trips involved with this year's workshop. These field trips will need to be authorized separately and are not part of this agreement. I acknowledge that my participation in this activity is wholly voluntary, and is not a course requirement. I further acknowledge that my part in this activity entails, but is not limited to, the following condition, circumstance and risks (on next page):

**Students Must Read and Initial Numbers 1 -10**

Failure to adhere to the rules below may result in suspension from the program.

- \_\_\_\_\_  
Student's initials

**1.** Students must conduct themselves in a professional and respectful manner at all times during each workshop.
- \_\_\_\_\_  
Student's initials

**2.** Smoking. No smoking is allowed in any areas of the facility. Smoking by students of legal age is allowed outside but is prohibited within 15' of entrances to the facility and near open windows.
- \_\_\_\_\_  
Student's initials

**3.** Animals. No animals, other than registered service dogs, are permitted.
- \_\_\_\_\_  
Student's initials

**4.** Controlled substances. Alcohol or any drug without a doctors prescription is not permitted in any area of the facility.
- \_\_\_\_\_  
Student's initials

**5.** Amplified Sound and Music. The use of amplified sound is prohibited except when approved for a scheduled event. Headsets are required in order to keep noise at a minimum during studio hours.
- \_\_\_\_\_  
Student's initials

**6.** Bicycles and skateboards are not allowed inside the facility. These items may be signed into the instructors and returned at the end of the day.
- \_\_\_\_\_  
Student's initials

**7.** Students that need to leave early must let the LINK director Karen Morrison know that they need to leave and why. Students who leave without an excuse, or who arrive late more than 3 times may be removed from the program, not allowed to go on field trips, or other activities.
- \_\_\_\_\_  
Student's initials

**8.** Custodial service is minimal. LINK students are responsible for throwing out their own trash, helping set up, and clean up workshops.
- \_\_\_\_\_  
Student's initials

**9.** There are several private offices within the Fab Lab facility. The offices are not open to students. Failure to comply with this policy will result in student being removed from LINK program.
- \_\_\_\_\_  
Student's initials

**10.** Environmental Health and Safety. Everyone has a role in work place health and safety. Success in this effort requires a partnership between LINK students and Fab Lab. Hazards posing an immediate danger to life or health should be reported IMMEDIATELY to 911, along with notifying the LINK staff. Keep floors clear of debris and liquid spills. Fire extinguishers are located throughout the facility. All aisles and doors must be clear at all times. In the event of a disaster such as an earthquake, immediately leave the building through the closest exit. Be prepared to report whether all people successfully evacuated the building.

## **PARTICIPANT AGREEMENT AND ACKNOWLEDGMENT**

I acknowledge that I am engaging in the workshop for my own personal benefit and that, as with program, participants may encounter unexpected risks. These risks include (but are not limited to) sickness, exposure to disease, the forces of nature, and property loss and damage, and I agree to assume such risks. I represent that I am physically capable, with or without reasonable accommodation, of undertaking this activity. Should I require emergency medical treatment as a result of accident or illness arising during the workshop and be unable to consent to such treatment at the time, I hereby consent to emergency medical treatment. I am aware that AIGA Link, San Diego, does not provide health and accident insurance for it's workshop and that I will be financially responsible for any bill incurred. I acknowledge that apart from the academic content of the study tour, AIGA San Diego LINK, acts only as an agent for these workshops, and is not responsible for acts of third parties which cause injury, property loss or damage. I agree not to claim against AIGA San Diego LINK for injuries, damages or losses other than those arising from the negligent acts or omissions of its representatives, students and agents in the course and scope of their LINK-imposed duties.

**Participant's Signature:** \_\_\_\_\_

Participants printed name: \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18, Legal guardian signature:** \_\_\_\_\_

Legal guardian printed name: \_\_\_\_\_ **Date:** \_\_\_\_\_