

2012-2013 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: _____

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: _____

HOUSEHOLD SIZE MAXIMUM ANNUAL INCOME

Does your student qualify for the LINK program by the following income requirements:

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 2012-2013

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, _____ interviewed
Student's full name
and/or photographed for the 2012-2013 LINK year.

Legal guardian signature: _____

Legal guardian printed name: _____

Date: _____

AIGA SAN DIEGO PARENTAL CONSENT PROGRAM YEAR: 2012–2013

I give my consent for my son/daughter _____ to participate
Student's full name

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 (see attached schedule handout), scheduled from October 27, 20012 through April 2013.

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:

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. Conducting myself in a professional manner at all times during each workshop, throughout the Space4Art facility
- _____ 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 seeing-eye 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 maintaining an orderly environment at all times.
- _____ Student's initials

9. There are several private offices within the Space4Art facility. The offices are not open to students after business hours. 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 Space4Art. 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 Space4Art 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 its 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:** _____