



ARTiculate Leadership in the Arts Program

July 20-31, 2009

PLEASE PRINT

Name: _____

Age: _____ M F

Address: _____

City: _____ Postal Code: _____

Phone: _____

Email: _____

School (attending in the fall): _____

Parent/Guardian 1 Name: _____

Daytime Phone: _____

Parent/Guardian 1 Email: _____

Parent/Guardian 2 Name: _____

Daytime Phone: _____

Emergency Contact: _____

Daytime Phone: _____

Relationship to Child: _____

MEDICAL INFORMATION

Health Card # _____

Family Doctor: _____

Does your child have any allergies? Yes No
If yes, what are they allergic to?

Does this allergy require an epi-pen? Yes No

Does your child have any dietary concerns? Yes No

If yes, please explain:

Does your child take any medication? Yes No

If yes, what medication? (Please note that Lakeshore Arts cannot administer medication. Participants must be able to self-administer.)

Are there any activity restrictions? Yes No

If yes, please explain:

Please list any physical/psychological/emotional/behavioural conditions (including asthma, migraines, diabetes, epilepsy, ADD, ADHD, autism etc.) and outline how best to ensure a positive experience for your child, and all participants, in consideration of this condition(s).

CONDITIONS OF ENROLLMENT

ARTiculate aims to create a safe, nurturing environment in which youth feel comfortable expressing themselves artistically amongst their peers. In order to ensure that all participants have a positive experience, the Camp Coordinator reserves the right to dismiss a participant who is, in her opinion, threatening the safety of other participants or disrupting their experience by rejecting the rules of the program. (Program rules will be outlined on the first day.)

ARTiculate will be based out of two locations: Lakeshore Arts and Mimico Baptist Church. Participants are expected to arrive promptly each morning, so as not to risk upsetting the schedule of workshops and field trips. Participants will travel by TTC to downtown Toronto for various field trips, and may be responsible for travel to and from their volunteer placements on July 28th and 29th. Volunteer placements will be arts-related, and will be arranged by the Camp Coordinator. Participants should be comfortable working with children, as the majority of ARTiculate placements require participants to provide support to children's programs. Additional details and a complete itinerary will be provided to the participant before the start date of the program.

The parents/guardians submitting this application give their permission for any photographs, videos or testimonials of the applicant to be used in Lakeshore Arts promotional materials and on the Lakeshore Arts website, unless indicated here: (Permission denied)

ARTiculate PARTICIPANT INFORMATION

Artistic Statement

Please write, record or film your answer to the following:

How does art make a difference in your life? (Feel free to attach additional pages and/or documentation)

Artistic Interests: (Check all that apply)

- | | | | |
|--------------------------|-------------------------|--|---|
| <input type="checkbox"/> | Music/Sound | Composition <input type="checkbox"/> | Singing <input type="checkbox"/> |
| | | Performance <input type="checkbox"/> | Other _____ |
| | | Do you play an Instrument? If so, which? _____ | |
| <input type="checkbox"/> | Dance | Hip-hop <input type="checkbox"/> | Ballet <input type="checkbox"/> |
| | | Break-dancing <input type="checkbox"/> | Tap <input type="checkbox"/> |
| | | Contemporary <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Visual Art | Painting <input type="checkbox"/> | Drawing <input type="checkbox"/> |
| | | Photography <input type="checkbox"/> | Print-making <input type="checkbox"/> |
| | | Sculpture <input type="checkbox"/> | Public Art <input type="checkbox"/> |
| | | Textiles <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Film | Animation <input type="checkbox"/> | Documentary <input type="checkbox"/> |
| | | Features <input type="checkbox"/> | Shorts <input type="checkbox"/> |
| | | Screenwriting <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Creative Writing | Poetry <input type="checkbox"/> | Dub-poetry <input type="checkbox"/> |
| | | Fiction <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Digital | Web design <input type="checkbox"/> | Photo-manipulation <input type="checkbox"/> |
| | | Other _____ | |
| <input type="checkbox"/> | Drama | Acting <input type="checkbox"/> | Playwriting <input type="checkbox"/> |
| | | Improv <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Other | _____ | |

How did you hear about ARTiculate Leadership in the Arts?

Do you have CPR training?

- | | | |
|--------------------------|-----|----------------------|
| <input type="checkbox"/> | Yes | Date received: _____ |
| <input type="checkbox"/> | No | |