



Mending Arts Participant Application
(Please complete the entire application)
Email Completed Applications to MendingArts@centerffs.org

YOUTH/FAMILY INFORMATION:

Youth's Name: _____ DOB: _____ Age: ____ Gender: _____ Race/Ethnicity: _____

Address: _____ City: _____ Zip: _____

Legal Guardian Name: _____ Relation to Child: _____ Marital Status: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Home/Work/Cell/Other EMAIL: _____

Emergency Contact Name (in case primary guardian cannot be reached): _____

Note: The Mending Arts Program is for youth and teens who have experienced trauma of any kind and our focus is to help them learn new coping skills, notice their individual strengths, make new friends, develop a sense of pride in achievement, have an open and safe place to share about themselves and their feelings and most importantly, have fun.

Has your child/teen ever exhibited behaviors such as a tendency towards physical and/or verbal aggression, runaway behaviors, self-harming behaviors or unexpected strong, emotional outbursts? Please provide details. (You are welcome to contact the Program Director, Laura Montenegro at 862-400-0028 if you prefer to speak via phone. Note that all information collected in this application is strictly confidential and our purpose for enquiring is to ensure the safety and welfare of all attending youth.)

Are there any other behavioral issues or concerns you have about your child/teen which you think we should know about or want us to address during these art therapy sessions?

Does your child/teen have an intellectual disability or a developmental disability? Please Describe.

MEDICAL INFORMATION:

Medical Concerns: _____

Current Medications: _____

Allergies: _____

Food Restrictions: _____

PARTICIPATION CONSENT/RELEASES:

Consent to participate provided by Parent/Guardian (date and time): _____

Witnessed By: (print name) _____ (Signature) _____

Exchange of Information:

I hereby grant permission to Center for Family Services to exchange information with the artist via fax, phone or email regarding my child's history and/or participation in the program (therapist/provider/agency name and phone number)

I hereby release Center for Family Services and its offers, employees, agents, and affiliates from any and all liability that may arise as a result of this request.

(Signature of Parent/Guardian)

(Signature of child if over 14 years old)

(Date Signed)

Communal Works

I understand that the communal literary, art, dance, drama and musical works contributed to by my child as a participant in programs of Mending Arts, (the "Communal Works") are the property of Center for Family Services shall be deemed to be the sole and exclusive owner of all right, title and interest therein, including all copyrights. As owner, Center for Family Services enjoys all the rights and privileges of copyright ownership and can, among other things:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Communal Works;
- (b) Use and permit to be used the Communal Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Communal Works by any means now known or hereafter to become known.

Nonexclusive License to Individual Works

I hereby irrevocably grant Center for Family Services and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority the perpetual, worldwide, nonexclusive license to:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the works created by my child ("the Individual Works");
- (b) Use and permit to be used the Individual Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Individual Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child

I understand that Center for Family Services shall not publicly display, distribute, broadcast, or publish any Individual Work that identifies my child (either by name or by appearance), unless I give my express, written permission.

My signature below indicates my agreement with the Communal Works, Nonexclusive License to Individual Works and No Dissemination of Work clauses listed above:

(Signature of Parent/Guardian) (Mandatory)

Date:

Release for Photography/Marketing (optional)

I understand that Center for Family Services wishes to obtain the right to use my child's first name, picture, photograph, voice, and/or likeness (collectively, the "Material") for use in, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials regarding Mending Arts, including use on any web sites owned or operated by Family Intervention Services, Inc. Since I am willing to allow Family Intervention Services, Inc. to use the material, I hereby agree as follows:

I hereby irrevocably grant Center for Family Services and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority the unrestricted, absolute, perpetual, worldwide right to:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Material, either alone or in combination with or as a composite with other materials, including, but not limited to, text, data, images, photographs, illustrations,

animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital laser or optical-based media (the “Works”), and

(b) Use and permit to be used the Material, whether in original or modified form, in connection with the Works as Family Intervention Services, Inc. may choose, and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Works by any means now known or hereafter to become known.

(Signature of Parent/Guardian)

Date

OFFICE USE ONLY:

Referral Accepted By: _____ **Date** _____ **Time:** _____ **AWARDS #:** _____