



Ceramics High School Artist-in-Residence Application

Name _____ Age _____ Birthday _____

Address _____ Zip _____

School _____ Grade _____

Parent/Guardian _____

Phone numbers:

Home _____ Work _____

Parent Cell _____ Student Cell _____

PLEASE let us know if any of your contact info changes!

We agree to the following:

My child will attend all sessions of the program. If my child is unable to attend, the studio will be alerted of their absence by contacting the Director or Studio Mgr.

Studio Director: Kate Whorton kwhorton@flowercityarts.org

Studio Manager: Kyle Lascelle klascelle@flowercityarts.org

Studio Office **(585) 271 – 5183**

I will provide transportation promptly for all sessions and open studio use. If your child is driving themselves, the studio must be aware of that:

MY CHILD WILL DRIVE THEMSELVES

The High School Residency will run:

FROM: JULY _____ TO: AUGUST _____



APPLICATION

Emergency Contacts

RELATIONSHIP

NAME

PHONE/EMAIL

MEDICAL INFORMATION

Please list any conditions or allergies that might affect or prevent your child from fulfilling the obligations required for studio work; including but not limited to: lifting 50 pounds, working in a dusty environment, working with glaze chemicals, working around running kilns, bending or standing for periods of time.



COVID ATTESTATION

I understand that all attendees of the Arts Center must have current vaccination status.

I will not send my child to the Center if they have experienced any of the following symptoms with in 24 hours: fever, fatigue, cough, sneezing, aches and pains, runny nose, sore throat, diarrhea, vomiting, headaches or shortness of breath.

PHOTO RELEASE

I give consent to have my child’s photo taken, and potentially used for promotional services.

YES

NO

PARTICIPATION CONSENT

PARENT

I consent to having my child participate in the Flower City Ceramic Studio Summer Residency program, and I give consent for my child to use the studio facilities at Flower City. I waive and release any and all rights and claims or damages I may have against FCAC staff, instructors, residents, volunteers, and their representatives, successors, and assigns for any and all injuries which may be suffered by my child. In case an accident occurs and I can not be reached, I give my permission for emergency personnel to be summoned to provide treatment.

PARENT SIGNATURE _____

RESIDENT

I agree to follow all rules and protocols for working in the ceramic studio. I agree to treat all others with respect. I understand that the residency can be revoked at any time for reasons including disrespect, frequent lateness or absences, or misuse of equipment.

RESIDENT SIGNATURE _____

Please email your completed application to our Ceramics Director Kate Whorton at kwhorton@gmail.com
