

Expanding the Field: REGISTRATION and RELEASE FORM

**Expanding the Field Opportunity at Flower City Arts Center: 2021-2022**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street \_\_\_\_\_ Zip \_\_\_\_\_  
Grade \_\_\_\_\_  
Parent/Guardian(s) \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_  
Parent/Guardian cell \_\_\_\_\_ Student cell \_\_\_\_\_  
Parent/Guardian email \_\_\_\_\_  
Student email \_\_\_\_\_  
Additional Emergency Contact: \_\_\_\_\_

*Note: We are using the term "my student" to refer to "my child" due to ages of participants throughout this form.*

**MEDICAL INFORMATION**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Insurance # \_\_\_\_\_  
Medical Conditions \_\_\_\_\_  
Medications \_\_\_\_\_  
Other Special Concerns \_\_\_\_\_

**Participation Consent for Student**

I consent to enrolling my student in classes at Flower City Arts Center (FCAC), 713 Monroe Ave as a part of the Expanding the Field opportunity grant. I waive and release any and all rights and claims or damages I may have against FCAC staff, teachers, volunteers and their representatives, successors, and assigns for any and all injuries which may be suffered by my student. In case an accident occurs and a designated person or I cannot be reached, I give my permission for emergency personnel to be summoned to provide treatment.

\_\_\_\_\_  
**Parent/Guardian name and date**

Enrolled students are responsible to attend and complete classes and communicate with the instructors as required as well as with the high school art teacher at their home institution. **Transportation to and from class will not be provided.** Financial support for bus passes is available, but students and families are responsible for transportation and communicating in advance about need for bus money. Failure to secure transportation will result in withdrawing the opportunity.

\_\_\_\_ My student will take public transportation and will ensure that bus routes are available during days and times relevant to chosen classes.

\_\_\_\_ Myself or designated family member will provide transportation for my student.

\_\_\_\_\_  
**Parent/Guardian name and date**

**P. 2, STUDENT IMAGES LIMITED USE AGREEMENT**

*We ask each parent/guardian and student to sign the following to give permission for limited use of photographs of their child and to protect the student-artists' rights to their artistic work, while authorizing the use of their work and images in Flower City Art Center promotional and educational materials.*

1. I give permission for pictures of my student to be included in Flower City Arts Center's nonprofit educational and promotional materials and to be used for other promotional purposes in both online and printed form.

\_\_\_\_\_  
**Parent/Guardian name and date**

2. I authorize the use of my student's artistic work in printed and online promotion for the Expanding the Field Grant opportunity and for Flower City Arts Center including both online and printed information. Photographs of the students' art will be attributed to the student when possible. All other rights to the work remain with the artist.

\_\_\_\_\_  
**Student name and date**

\_\_\_\_\_  
**Parent/Guardian name and date**

My student identifies with the following racial and ethnic groups:

**Race/Ethnicity (Check as many as apply)**

- Black/African-American
- Hispanic/Latinx
- Native-American
- White/Caucasian
- Asian
- Pacific Islander
- Multi-Racial
- Other \_\_\_\_\_

**Questions or Concerns? Please Contact:**

Rashaad Parker, Community Outreach Manager

[rparker@flowercityarts.org](mailto:rparker@flowercityarts.org)

Administrative Office: (585) 244-4617

Flower City Arts Center

713 Monroe Ave. Rochester, NY 14607