

*Student Artist Participant Information for 2020-2021 Arts@Work*

*Lead Artist Mentor, Alexis Iammarino | [aiammarino@cmcanow.org](mailto:aiammarino@cmcanow.org) (207) 390 1139*

**PARTICIPANT INFO:**

*First Name:*

*Middle initial:*

*Last Name:*

*Preferred pronouns:*

*Date of Birth:*

*Age:*

*Grade Entering:*

*Town:*

*Zip:*

**Phone CONTACTS:**

*Parent/Guardian's*

*Name: Work/Cell*

*Phone:*

**EMERGENCY Contact** if Parent/Guardian can't be reached

*Work/Cell Phone:*

*Doctor's name*

*Phone #:*

*List known allergies:*

**Youth Artist // Permission to Participate**

- I give my consent for my son or daughter to walk, cycle, or drive home independently after workshops*
- I permit my son or daughter to participate in Arts@Work activities and workshops. In the event that I cannot be reached in a medical emergency, I authorize treatment for my son or daughter.*
- I understand that activities occasionally may include, but are not limited to using ladders, art tools, and our community outreach may include contact with small children, senior citizens and members of the community.*
- The Center for Maine Contemporary Art have my consent to use my son or daughter's name, quotes, artwork, photograph, and/or other written material in its publicity.*

*By signing below, I acknowledge I have read, understand and agree to all of the conditions of this agreement to participate.*

**Printed Name (Student)**

*Student Signature*

*Date:*

**Printed Name**

**Parent/Guardian Signature:**

*Date:*