

APPLICATION FORM

Please type or print clearly in black ink only. Applicants must have experience in their art form and be committed to consistent attendance during the course of the CAP Summer Arts Program.

SUBJECT AREA

Please check which area you are applying to. (If you wish to apply in more than one subject area, please complete a separate application form for each area.)

Creative Writing

Do you write poetry, fiction or non-fiction? _____

Film/Video

Which kinds of films interest you? (Documentary, live action, animation, etc.)

Music

Which instrument(s) do you play? _____

Visual Art

What media do you mostly work in? _____

Dance

What type of dance interests you? (Hip hop, modern, jazz, ballroom, salsa, etc.)

Where have you studied your arts discipline? (private teacher, school or program)

Who did you study with? (teacher/mentor/reference)

Teacher's name: _____

Phone: _____ Email: _____

How long have you studied your art form?

Why would you like to be part of this summer program?

Why are the arts important to you?

Is there anything else about you and your artistic practice that you would like us to consider? (You may write your response on a separate sheet of paper. Please attach it to this application.)

STUDENT INFORMATION

Student Name: _____

Mailing Address: _____

Email: _____

Phone (h) _____ (c) _____

Date of Birth: ____/____/____ Age: ____ Sex: _____

Grade level to be completed in June 2009: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relation: _____

Address: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

SCHOOL INFORMATION

Current School: _____

Address: _____

Phone: _____

Email: _____

RELEASE FORM

This form must be signed by a parent or guardian (if student is under 18 years of age) in order to be enrolled in a CAP program.

A) Medical Release

The undersigned does hereby authorize the officers, teachers or agents of CalArts and Plaza de la Raza officers/staff to consent to any X-ray examination, anesthetic, or medical procedure necessary in a medical emergency. It is understood that this authorization is given in advance to provide authority and power to render care, which the attending physician in his or her best judgment may seem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

B) Standard Appearance Release

I understand that the CalArts Community Arts Partnership (CAP), a program of the California Institute of the Arts (CalArts) is a non-profit organization dedicated to providing educational programs and arts training to young people through partnerships with Los Angeles' community organizations and schools. To describe and promote its efforts, the CalArts Community Arts Partnership (CAP) produces audio, video, photographs and printed materials. I authorize the participants, to record and edit my name, image, voice, artwork, interview and/or performance for the above-named project and related materials. All videotape, audiotape, printed materials and photographs are the property of the CalArts Community Arts Partnership (CAP) and the California Institute of the Arts (CalArts), however copies will be provided to the student whenever possible.

C) Permission to Leave for Lunch (for students under the age of 18)

I hereby give permission do not give permission for the applicant to leave the campus of Plaza de la Raza, where the Community Arts Partnership Summer Arts Program is being held, for the lunch period from 12:00pm to 12:45pm on the dates of July 6, 2009 – July 23, 2009.

I understand that it is the applicant's responsibility to return to Plaza de la Raza in a timely manner at the end of lunch so as not to disrupt class. Parents/Guardians assume all responsibility for the student and releases the Community Arts Partnership from all liability while the student is not on campus.

PARENT/GUARDIAN INFORMATION

(must be completed by parent/guardian if participant is under the age of 18)

Participant's name: _____

Name of Parent/Guardian: _____

Address: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Parent/Guardian Signature: _____

Date: _____

Complete and mail your application to CalArts Community Arts Partnership (CAP), 24700 McBean Parkway, Valencia, CA 91355 or fax to (661) 222-2726.

Application Deadline: June 1, 2009 (Applications must be postmarked or hand-delivered by this date). Please answer questions as thoroughly and specifically as possible. You may photocopy additional forms. For further information about this program please contact the CAP Summer Arts Program Coordinator Carribean Fragoza at (661) 253-7715 or via email at cfragoza@calarts.edu.