Student Artist Participant Information for 2019-2020 Arts@Work

Lead Artist Mentor, Alexis Iammarino | aiammarino@cmcanow.org (207) 390 1139

PA	RTICIPANT INFO:		
Firs	st Name:	Middle initial:	Last Name:
Pre	ferred pronoun:		
Da	te of Birth:	Age:	Grade Entering:
Tov	wn:	Zip:	
Ph	one CONTACTS:		
Par	rent/Guardian's Name:		
Wo	ork/Cell Phone:		
EM	IERGENCY Contact if Parent/Guardian	can't be reached	
Wo	ork/Cell Phone:		
Doctor's name		Phone #:	
Lis	st known allergies:		
You	uth 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.		
•	signing below, I acknowledge I have read, un ticipate.	derstand and agree to all o	of the conditions of this agreement to
Printed Name (Student) Student Signature		Da	ate:
Pri	inted Name		
Parent/Guardian Signature:		D	ate: