



arthouse

Arthouse at the Jones Center

Contemporary Art for Texas

## **Club Arthouse**

**SPRING 2009 Session: January 27 – May 5**  
**Meetings Every Week on Tuesdays, 5-7pm**  
**(No meeting on March 17 due to AISD Spring Break)**

### **What is Club Arthouse?**

Club Arthouse is an intensive program at Arthouse for high school students who have a strong interest in visual arts, allowing them to delve more deeply into contemporary art one afternoon each week. Activities emphasize learning about Austin's contemporary art community, including career opportunities. During our weekly meetings, Club Arthouse will meet artists, make art, take field trips to other galleries and artists' studios, and get a behind-the-scenes view of Arthouse and our exhibitions. Club Arthouse projects vary each year based on the interests of students in the program. Previous activities have included producing a "zine" of student artwork, preparing and screening two short films, holding an exhibition of student work, and a semester-long exploration of public art actions.

Club Arthouse meets every Tuesday afternoon from 5:00-7:00 pm. All participants are expected to arrive no later than 5:30. Two sessions—each about 13-weeks—are held yearly during the fall and spring semesters. Furthermore, Club Arthouse members are active and involved in other programs at Arthouse. In addition to attending Tuesday afternoon meetings, Club Arthouse members regularly attend exhibition openings, artist lectures and other Arthouse events.

Club Arthouse has a limited number of spaces each semester. Therefore, we ask each interested student to complete an application form, answering several questions about why he/she should be considered for acceptance.

If you have any questions about Club Arthouse or this application, please contact Erin Gentry, Education Coordinator, at [egentry@arthousetexas.org](mailto:egentry@arthousetexas.org) or (512) 453-5312.

arthouse

Arthouse at the Jones Center  
Contemporary Art for Texas

## Club Arthouse Student Application

---

**Name:**

**Home Phone:**

**Address:**

**Student Cell Phone:**

**Zip:**

**Parent Cell Phone:**

**High School:**

**Email:**

**Grade:**

**Birthdate:**

---

**Regular attendance is crucial to the success of Club Arthouse.** Participants need to attend on a weekly basis. If you can commit to regular attendance, please initial. \_\_\_\_\_

**Please have a teacher or other adult not related to you, who knows you well, recommend you for Club Arthouse.**

I recommend \_\_\_\_\_ for participation in Club Arthouse. I believe he/she has the interest and motivation to fully participate in Club Arthouse. I agree to be contacted by phone or email to discuss this student's potential.

---

Signature

---

How do you know the student?

**Please answer the following questions. You may continue answers on the back or attach another page.**

1. Explain your interest in Arthouse and what you expect to attain from the program.
2. Who is your favorite artist or what is your favorite type of art? Why?
3. What talents and skills can you bring to Club Arthouse?
4. What art classes are you currently taking? What art classes have you taken previously?

**Please return application to:**

Erin Gentry  
Education Coordinator  
Arthouse at the Jones Center  
700 Congress Avenue  
Austin, TX 78701  
Phone: (512) 453-5312  
Fax: (512) 459-4830



Arthouse at the Jones Center  
Contemporary Art for Texas

## Arthouse Teen Programs Parent Consent Form

Recognition and Assumption of Risk Agreement
--

I, the undersigned parent/legal guardian of \_\_\_\_\_, age \_\_\_\_\_, authorize said child's full participation in Arthouse's Teen Programs including meetings and related program activities.

To fully participate, my child has permission to attend weekly meetings. My child may travel to field trip locations in Austin, including artists' studios, art galleries, museums, and other arts institutions. My child has permission to travel on Capital Metro buses and to travel by a privately-owned vehicle driven by an Arthouse employee, or gratuitously by individuals. As part of the art activities completed by the participants, my child's artwork may be reproduced and published in student-designed material, including a magazine, posters, t-shirts, and postcards. My child's artwork may also be published on a webpage. While participating, my child may be photographed and have their photographs included in publications and promotional materials produced by Arthouse. My child's comments may be included in Arthouse publications and promotional materials.

It is my understanding that participation in the Arthouse Teen Programs is not without some inherent risk of injury. As such, in consideration of my child's participation, I hereby release, waive, discharge, and covenant not to sue Arthouse, their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Release and Information

**This form should be completed by a parent or legal guardian.**

\_\_\_\_\_  
Name of Parent or Guardian                      Home Phone #                      Work/Cell Phone #

\_\_\_\_\_  
Address    City    State    Zip

**Additional emergency contact:**

\_\_\_\_\_  
Name    Home Phone #    Work/Cell Phone #    Relationship

Does the student have any medical condition of which Arthouse program staff should be aware?  
 Yes     No                      If so, please describe:

\_\_\_\_\_

Does the student have any food allergies or intolerances of which Arthouse program staff should be aware?  
 Yes     No                      If so, please describe:

\_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

I authorize Arthouse staff to secure medical care at a local medical facility for my son/daughter while he/she is participating in Arthouse programs. This authorization is required in order to provide emergency care to a student participating in Arthouse programs.

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_