



APPLY
TODAY!

Young Artists
@ Arthouse

arthousetexas.org

DO YOU LOVE ART?

Young Artists @ Arthouse is a FREE Saturday afternoon art program focused on helping students with a strong interest in art develop their art portfolio and learn more about opportunities in the arts. This program is FREE for accepted students and priority is given to students from underserved areas of Austin. A session of Young Artists lasts one semester (ten weeks) and meets on **Saturdays from 1–4pm**. YA@A meets at Arthouse's temporary location, Salvage Vanguard Theater, located on the Eastside of Austin at 2803 Manor Rd, Austin, TX 78722.

YA@A KIDS GET...

- FREE art supplies
- One-on-one instruction from professional artists during workshops
- Portfolio advice from our portfolio advisor, Jaime Castillo
- Information about college art programs
- A public exhibition of their artwork
- A portfolio CD to add to their college applications
- FREE bus passes

YA@A KIDS...

- Meet artists
- Make art
- Take field trips to galleries and artists' studios
- Know what's happening in the Austin contemporary art community
- Get a behind the scenes view of Arthouse

APPLY FOR YOUNG ARTISTS @ ARTHOUSE!

The Spring 2010 semester starts on Saturday January 16th, 2010. Applications are due December 15th, 2009.

YOUNG ARTISTS @ ARTHOUSE APPLICATION DUE DECEMBER 15, 2009

Application checklist: Student application Teacher reference Teen Programs Consent Form

Mail to: **Attn: Advanced Young Artists @ Arthouse**

Or Fax to: **512 459 4830**

Arthouse at the Jones Center, P.O. BOX 160490, Austin, TX 7871

Name		Home Phone	Student Cell Phone
Parent Cell/Work Phone	Address		City/State/Zip
High School and Grade		Email	Birthday

Are you eligible for free or reduced lunch at school? *(Please check one)*

YES NO

Is there any other financial hardship that we should know about? *(Please check one)*

YES NO If yes, please describe _____

YOUNG ARTISTS @ ARTHOUSE APPLICATION CONTINUED

What area do you live in? *(Please check one)*

- East of I-35 in the Austin, Del Valle, or Manor school districts
 - West of I-35 in the St. John's, Rutland, or Rundberg neighborhoods
 - South of Ben White Blvd. in the Stassney and William Cannon area
 - Other, please describe _____
-

Please answer the following questions. Feel free to write on the back of this sheet or on a separate sheet of paper.

Why do you want to participate in *Young Artists @ Arthouse*?

What are your favorite types of art to make?

What art classes are you currently taking (in or out of school)? What art classes have you taken previously?

Do you participate in other clubs or activities? Please describe.

Please share any other information about yourself that will help us get to know you better.

YOUNG ARTISTS @ ARTHOUSE TEACHER REFERENCE

Please have a teacher or other adult not related to you, who knows you well, fill out the below information to recommend you for Young Artists @ Arthouse.

Please describe how you know this student.

Please discuss this student's artistic potential and interest.

Please include any additional information to help us better understand this student.

I recommend _____ for participation in *Young Artists @ Arthouse*. I believe he/she has the interest and motivation to fully participate in YA@A. I believe that this student has a strong interest in visual arts and the commitment to regularly attend YA@A programs. I agree to be contacted by phone or email to discuss this student's potential.

Signature of Teacher/Guardian _____ Date _____

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 Cell/Work Phone

Address City/State/Zip

Additional emergency contact

Name Home Phone Cell/Work Phone Relationship

Does the student have any medical condition of which Arthouse program staff should be aware?

YES NO If yes, please describe _____

Does the student have any food allergies or intolerances of which Arthouse program staff should be aware?

YES NO If yes, please describe _____

Insurance Company Policy Number

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 _____