



## MEMBERSHIP FORM

Today's Date: \_\_\_/\_\_\_/\_\_\_

Workshop(s): \_\_\_\_\_

Workshop Location: \_\_\_\_\_

Congratulations and thanks for your interest in TRANSIT ARTS! As a member you now have the opportunity to participate in TRANSIT ARTS, a youth arts development program of Central Community House. We work in partnership with the Ohio Alliance for Arts Education, SURGE Columbus, and the Columbus Federation of Settlements. Our programs are provided at no cost to our members.

### Tell us about Yourself!

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Race (Please check all that apply):

Black or African American \_\_\_ Caucasian \_\_\_ American Indian or Alaska Native \_\_\_  
Asian \_\_\_ Multiple Races \_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ Some Other Race \_\_\_

Are you of Hispanic, Latino, or Spanish Origin? Yes \_\_\_ No \_\_\_

Is English your primary language? Yes \_\_\_ No \_\_\_

Are you an Immigrant? Yes \_\_\_ No \_\_\_ If yes: What is your Country of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you: Text \_\_\_ Email \_\_\_ Phone \_\_\_

Number or email for best method of contact: \_\_\_\_\_

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In the event of an emergency or an accident, please notify the person(s) listed below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Alt. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you learn about TRANSIT ARTS?

\_\_\_\_\_

What are your interests? What do you love to do?

\_\_\_\_\_

What are your favorite classes at school?

\_\_\_\_\_

Do you need to improve in any classes? Would you like coaching help from TRANSIT ARTS?

\_\_\_\_\_

What is your dream or goal in life?

\_\_\_\_\_

How can we help you reach your goals? What support do you need?

\_\_\_\_\_

Is it safe for you to ride the COTA Bus from where you live?

\_\_\_\_\_

What do you love about your neighborhood?

\_\_\_\_\_

Is there anything you wish you could change in your neighborhood?

\_\_\_\_\_



## Permission to Participate

TRANSIT ARTS opportunities are waiting for your young person. Please read and complete the following information and provide a parental/guardian signature as acknowledgement and consent for your child to participate within TRANSIT ARTS programming.

### Media Consent:

I fully understand that my young person's artistic creations may be displayed in the community through exhibit or publication and/or my young person may perform for the general public. I understand that my young person might be in contact with the press during TRANSIT ARTS programs. I give permission for TRANSIT ARTS to audiotape, photograph, or videotape my young person to help promote the TRANSIT ARTS Program or for other TRANSIT ARTS purposes. **Initial** \_\_\_\_\_

### Transportation:

I fully understand that TRANSIT ARTS, a program of Central Community House, may transport my young person to and from various program related arts activities and hereby release and hold harmless TRANSIT ARTS against any liability, loss, or expense incurred or suffered in consequence. **Initial** \_\_\_\_\_

### Medical Consent:

I understand that there are some risks inherent in the activities that are included in the TRANSIT ARTS Program, but willingly assume these risks in order to allow my young person to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, doctor's assistant, or medical care facility that may be required. **Initial** \_\_\_\_\_

In the event of an emergency and I need medical attention, I give permission to TRANSIT ARTS staff or volunteers to call the following physician for medical attention: **Initial** \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If the physician cannot be reached or I need emergency attention, I give permission to be taken to the following hospital: \_\_\_\_\_, of the closest hospital.

Medical conditions (if any), including allergies that TRANSIT ARTS and/or Settlement Staff should have knowledge of: \_\_\_\_\_

**By signing below, I give consent for my young person \_\_\_\_\_ to participate in TRANSIT ARTS and agree to the statements above.**

\_\_\_\_\_  
Parent or Guardian (please print)

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Phone

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

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Today's Date

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