

**Creative Heartwork, Inc.®
Mending Arts® Program – Somerset County
Participant Application 2013-2014**

Please return this form and a check for \$25 to register for a series of 10 weekly workshops payable to Creative Heartwork, Inc. Please Note: Creative Heartwork reserves the right to discharge a child from participation in Mending Arts at its discretion with no return of the fee.

Check # _____ Child's Name: _____

Child: M F (circle one)

Parent's/Guardian's Name: _____

DOB: _____

Mailing Address

Physical Address, if different from above: _____

Home Phone: _____

Parent's/Guardian's Cell: _____

Work Phone: _____

Email Address: _____

Please indicate which therapeutic arts series you wish to enroll your child in:

Is your child under medical restrictions? _____ Yes _____ No (If yes, please explain):

Is your child taking any kind of medication? _____ Yes _____ No (If yes, please explain):

Are there any medical problems that we should be aware of? _____ Yes _____ No (If yes, please explain):

Does your child have any allergies to foods, medications or animals that we should be aware of?

_____ Yes _____ No (If yes, please explain):

Do you give permission to Creative Heartwork, Inc. to dispense aspirin, Advil or Tylenol to your child? If yes, please circle which one(s): Aspirin Advil Tylenol _____ Initial Here

Family Doctor's Name _____

Address: _____

Phone: _____

Preferred Hospital in case of emergency _____

Referring School or Agency _____ Contact Name of therapist or counselor: _____ Phone # _____
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I, _____, the parent/guardian of the minor _____, certify that he/she is in excellent physical health and is capable of participation in the normal activities of the Mending Arts Program of Creative Heartwork, Inc. I hereby give my approval of his/her participation in the Program, which may include riding in a car/van with an agency staff member and/or volunteer.

I hereby release, absolve, and hold harmless Creative Heartwork, Inc. and artist/art therapists, my referral source, all other third parties that contribute to the Mending Arts Program, and all of the officers, directors, agents, employees, administrators, volunteers, and shareholders of each of the foregoing from any and all claims, demands and costs arising from or related to the activities in which my child is a participant, including travel to and from activities.

Parent/Guardian Signature: _____ Date: _____

In the case of emergency, I, _____, the parent/guardian of the minor _____, hereby give my consent to the Program staff of Mending Arts to obtain medical/hospital treatment for the minor. If I cannot be reached when an emergency occurs, the person to contact is:

Name: _____

Address: _____

Phone: _____

Relationship to the minor: _____

Parent/Guardian Signature: _____ Date: _____

Does your child have any special limitations or functional needs (such as difficulty focusing, academic challenges or physical disabilities)? If yes, please write below:

Does your child have any dietary restrictions? If yes, please write below:

Transportation: **In special circumstances one way transportation to the program can be provided.**

_____ Yes, I want to utilize one way contracted transportation to the program for my child. The address for pick-up is (no changes permitted)

_____ No, I will not utilize contracted transport, I will provide own transport to and from program.

The following person(s) have my permission to pick up and/or drop off (please indicate which, or both) my child _____. In the event that the person(s) indicated above are unable to provide transportation, I understand that I must write a letter changing the name of the person on that day.

Parent's/Guardian's Signature: _____

Kindly notify Karen at (908) 231-6441 at the RHCMHC Branch Office or (973)-889-0809 Main Office and the transporter (if applicable) at least two hours in advance if your child is not attending. The transporter

will only wait up to seven minutes for pick up, and then proceed to the next location, so please be prompt.

A. Release (Optional)

I understand that Creative Heartwork, Inc. wishes to obtain the right to use my child’s first name, picture, photograph, voice, and/or likeness (collectively, the “Material”) for use in, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials regarding Creative Heartwork, Inc., including use on any web sites owned or operated by Creative Heartwork, Inc. Since I am willing to allow Creative Heartwork, Inc. to use the Material, I hereby agree as follows:

I hereby irrevocably grant Creative Heartwork, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority (collectively referred to as “Creative Heartwork, Inc.”), the unrestricted, absolute, perpetual, worldwide right to:

(a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Material, either alone or in combination with or as a composite with other materials, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital laser or optical-based media (the “Works”)

(b) Use and permit to be used the Material, whether in original or modified form, in connection with the Works as Creative Heartwork, Inc. may choose, and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child

I understand that Creative Heartwork, Inc. shall not publicly display, distribute, broadcast, or publish any Communal or Individual Work that identifies my child (either by name or by appearance), unless I give my express, written permission.

Parent/Guardian Signature: _____

B. Ownership of Communal Works and Nonexclusive License to Individual Works – Mandatory

Communal Works

I understand that the communal literary, art, dance, drama and musical works contributed to by my child as a participant in the programs of Creative Heartwork, Inc., (the “Communal Works”) are the property of Creative Heartwork, Inc. and Creative Heartwork, Inc., shall be deemed to be the sole and exclusive owner of all right, title and interest therein, including all copyrights. As owner, Creative Heartwork, Inc. enjoys all the rights and privileges of copyright ownership and can, among other things:

(a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Communal Works;

(b) Use and permit to be used the Communal Works, whether in original or modified form, in

connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Communal Works by any means now known or hereafter to become known.

Nonexclusive License to Individual Works

I hereby irrevocably grant Creative Heartwork, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority (collectively referred to as "Creative Heartwork, Inc."), the perpetual, worldwide, nonexclusive license to:

(a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the works created by my child ("the Individual Works");

(b) Use and permit to be used the Individual Works, whether in original or modified form, in connection with, among other things, displays, publications, audiotapes, videotapes, CDs or DVDs, and promotional materials, and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Individual Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child

I understand that Creative Heartwork, Inc. shall not publicly display, distribute, broadcast, or publish any Individual Work that identifies my child (either by name or by appearance), unless I give my express, written permission.

Parent/Guardian Signature: (Mandatory) _____ Date: _____

Please note that photos that do not identify children's faces will be taken to demonstrate the program's success. All communal work is retained by Creative Heartwork to be used at its discretion.

C. Exchange of Information

I hereby grant permission to Creative Heartwork, Inc.'s therapists to exchange information with sending agency/school clinicians/staff via fax, phone or email regarding my child's history and participation in the program. Specifically contact's name and phone: _____

I hereby release Creative Heartwork, Inc. and its offers, employees, agents, and affiliates from any and all liability that may arise as a result of this request.

Parent/Guardian Signature: _____

Child's Signature if over 14 years old: _____

If you have questions, contact Karen at:
Main Office Telephone: 973-889-0809
Richard Hall Community Mental Health Center Branch Office (908) 231-6441
Karen@creativeheartwork.org

Please mail back application to this address:
Karen D. Carbonello
5 Drake Court
Boonton Township, NJ 07005

Thank you so much. We look forward to enrolling your child!

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