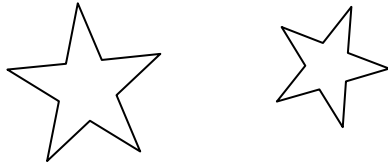
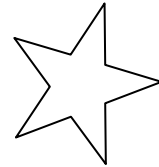


LEAP



Dance

*onto the stage
during your April
school vacation...*



Poetry

perform



Attend a drama,
dance, & poetry camp!

Drama!

LEAP is FREE!

This year's LEAP is led by New York actress Shannon Marshall, with eight years of professional acting and teaching experience. Her credits include *Much Ado About Nothing*, *All My Sons*, and *Titanic: The Musical*.

- APPLICANTS MUST BE IN 7TH – 12TH GRADE TO APPLY -

Program Information:

Program meets from:

April 20-24, 2009

9 AM-3 PM, Monday-Thursday

9 AM-7 PM, Friday

Daily workshops held at:

The Garrison Playhouse

650 Portland Avenue in Rollinsford

Performance at 6 PM on Friday

**Performance is free and all family and friends
are invited!**



Call 433-4278 or email Taylor@artsinreach.org with questions



APPLICATION

April 20-24, 2009

NAME _____

DATE OF BIRTH ____/____/____ (you must be 13 years old by program start date)

ADDRESS _____

CITY _____ ZIP _____

EMAIL _____

SCHOOL _____

Who referred you to this program? _____

Why do you want to participate in LEAP?

Do you need transportation? (this does not impact your acceptance) _____

Can a parent or guardian help in any way with a carpool? _____

Applicant's signature _____

Parent/guardian signature _____

Home phone _____ work phone _____

Applications must be post-marked by April 08, 2009

Please return applications to:
AIR, PO Box 236, Portsmouth, NH 03802-0236
taylor@artsinreach.org



PO Box 236
Portsmouth, NH 03802
(603) 433-4ART

LEAD 2009

PARENT/GUARDIAN PERMISSION TO ATTEND AND PARTICIPATE

APPLICANT'S NAME _____

APPLICANT'S ADDRESS _____

TOWN _____ STATE _____ ZIP CODE _____

TELEPHONE _____

E-MAIL _____

AGE OF PARTICIPANT _____

PARENT/GUARDIAN NAME(S) _____ PHONE _____

PARENT/GUARDIAN NAME(S) _____ PHONE _____

If parent/guardian is not available in an emergency, notify:

NAME _____ PHONE _____

ADDRESS _____

Does daughter have medical insurance? Yes ___ No ___

If yes, indicate:

Insurance Carrier _____ Policy or Group # _____

Insurance Carrier's Address _____

Does AIR have permission to give out Tylenol, Ibuprofen, or medicated cough drops to your daughter during AIR programs?

_____ YES

_____ NO



LEAP 2009

PARENT/GUARDIAN PERMISSION TO ATTEND AND PARTICIPATE

This must be completed by participant's parent or legal guardian

I understand and certify that my child's participation in LEAP, a program of Arts In Reach (hereafter referred to as AIR) is completely voluntary.

I recognize that there are a wide variety of activities that will take place. Events and projects may include, but are not limited to performance arts, writing, dancing, and drama. I acknowledge that although AIR has taken safety precautions, these organizations or their staff cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free of hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the program's rules, regulations, and procedures for the safety of participants.

My signature indicates that I understand the above statement and that I hereby give permission to the medical personnel selected by the director and/or leaders to order X-rays, routine tests, or treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director and/or leaders to secure and administer treatment, including hospitalization for my child. This form may be photocopied for trips off the property.

NAME OF PARTICIPANT _____

Please Print

NAME OF PARENT OR GUARDIAN _____

Please Print

SIGNATURE OF PARENT OR GUARDIAN _____

Please Sign

Date: _____

Photo/Video Release

During the course of activities, photographs and videos may be taken and used in the promotion of AIR and its funding sources. These may appear in newspaper, on television, and on the AIR website. By initializing below I authorize the use of photos without any compensation.

Please indicate your intent by initialing one of the following two choices:

_____ **Yes**, this minor child's photographs and/or videos may be used by AIR for promotions.

_____ **No**, this minor child's photographs and/or videos may not be used by AIR for promotions.



Release from Liability for Arts in Reach (AIR)

Release of Liability Disclaimer: Arts in Reach is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of Arts In Reach, its representatives, or employees.

Regarding activities: In consideration of this minor child's participation, I hereby release Arts in Reach, its representatives, or employees from any present and future claims from negligence arising as a result of this minor child's participation in activities, programming, and trips.

Regarding transportation: I hereby release Arts in Reach, its representatives, or employees from any present and future claims from negligence arising as a result of this minor child being transported. I understand that activities and transportation have inherent foreseeable and unforeseeable risks and dangers associated with them. Risks and dangers may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with Arts in Reach or the minor child, physical and mental challenges. I acknowledge that this child's participation at Arts In Reach is voluntary.

I hereby assume all **risk of injury or death**, and damage to this minor child's person or property during the course of any Arts in Reach activity, or thereto, wherever or however the above may occur. I hereby **voluntarily waive** any and all claims resulting from negligence, both present and future that may be made by me, my family, estate, heirs, or assigns. I agree to indemnify and hold harmless Arts in Reach, its representatives, or employees if loss, threatened loss or expense from negligence were to occur. I have read this form and fully understand that by signing this form, I am waiving legal rights and/or remedies which may be available to me for the negligence of Arts in Reach, its representatives, or employees. I hereby acknowledge that if any provision or provisions of this agreement shall be held to be invalid, illegal, and unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

I affirm that I am the parent or legal guardian of this child, and I am freely agreeing to these terms. By signing below, I acknowledge that I have read and understand the above statements.

Parent/Guardian Signature:	Printed Name:	Date:
<hr/>		
Participant Name:		
<hr/>		

**PLEASE MAIL ALL FORMS
TO THIS ADDRESS:**

AIR
PO BOX 236
Portsmouth, NH
03802-0236



Medical Information & Authorization for Medical Evaluation and Treatment

It is mandatory that this form be completely filled out by the parent or legal guardian. Failure to provide complete and honest information could result in harmful situations to your child's health and well being.

All information documented on the form will be kept confidential by Arts In Reach staff, and will only be shared with appropriate personnel in case of a medical emergency. Please fill out the form completely and honestly, which will aid in planning and participant assessment.

NAME OF PARTICIPANT _____

Physical Conditions:

_____ **NONE**

Please explain any physical conditions, injuries, chronic illnesses (diabetes, asthma, epilepsy, etc.) or disabilities, which might limit your child's participation in any activities. Has your child been hospitalized for any of these conditions within the last year?

Allergies: Food, insects, bees, medications, etc. Please list below:

_____ **NONE**

Allergies	Typical Reaction	Medications

Emotional Conditions:

_____ **NONE**

Please check any emotional or behavior conditions, which might limit your child's participation in any activities. Please provide further explanation in the space below if necessary.

___ Depression ___ ADD/ADHD ___ OCD ___ Autism/ Aspergers
___ Anxiety ___ PTSD ___ Bipolar ___ Other

Medications:

_____ **NONE**

Please list all current medications (prescription and over the counter) and the condition for which they are taken.

Medications (include amt. and frequency)	Medical Condition	Any Personal Side Effects

Please contact Taylor at taylor@artsinreach.org or call 433-4ART about any serious physical/emotional behaviors or conditions that you feel will help protect and meet your child's personal needs while at AIR.

Demographics

Demographics Disclaimer: Gathering demographic data is essential in securing grant funding. All information recorded in this section will be kept confidential. The information will aid in securing program funding through grants, be used by Arts in Reach for statistical purposes, and program assessment and planning. We appreciate your voluntary completion of this survey.

What is your child's race? _____

White/Caucasian
 Black or African American
 Asian
 Pacific Islander
 Hispanic
 Native American

Other single race
 Two or more races
 N/A

What is the income level in your household? Please circle below:

Less than \$20,000	\$21,000 to \$30,000	\$31,000 to \$40,000	\$41,000 to \$50,000	\$51,000 to \$70,000	Greater than \$70,000
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As the child's parent/ guardian, what is your highest level of education? Please circle below:

Parent/ Guardian #1:

Some High School	High School Diploma or Equivalent	Some College	2 Year College Degree	4 Year College Degree	Graduate Degree
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Parent/ Guardian #2:

Some High School	High School Diploma or Equivalent	Some College	2 Year College Degree	4 Year College Degree	Graduate Degree
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In what other school activities does your child participate? _____

PLEASE CIRCLE _____

Does your child receive a free or reduced lunch? FREE / REDUCED / N/A

How many members are living in your house? 1 2 3 4 5 6 7 8 9 10+

If a single parent heads your household is it headed by a MALE or FEMALE ?

NAME OF PARTICIPANT _____