



3322 LaSalle St. New Orleans, LA 70115  
504.529.3306 | yayainc.org

Young Aspirations | Young Artists

**YAYA GUILD TEEN PROGRAM APPLICATION AND PARENT PERMISSION FORM**

(PLEASE PRINT CLEARLY)

Student's name: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Parish: \_\_\_\_\_ State: LA Zip: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I understand that Young Aspirations Young Artists (YAYA) Inc. is not part of Parish Schools, but is an independent non-profit youth training organization.

I acknowledge that the Orleans Parish School Board and YAYA require extracurricular participants to have adequate accident liability insurance. I attest that we will have adequate accident insurance coverage in effect and therefore agree to release and discharge the Orleans Parish School Board and YAYA and their employees, agents and successors from any liability whatsoever arising indirectly or directly from participation in the YAYA program.

I agree that all artwork done under YAYA's supervision or resulting from arrangements made by YAYA is the property of YAYA. Jobs will be awarded to the artist by merit. If said artwork is sold, the student will receive a portion of the sale minus the cost of materials, shipping, etc. For guild members, a portion will also be put into a college fund. Payment will be made when all obligations to YAYA have been met.

I understand that lack of respect, obedience to those affiliated with, or guest of YAYA may be reason for being suspended from YAYA activities.

I have read all of the above and I understand and agree to everything stated herein and would like to participate in YAYA activities.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit the completed package to [averi@yayainc.org](mailto:averi@yayainc.org), or drop off at the YAYA Arts Center. For questions, please call 504.529.3306.



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### STUDENT'S STATEMENT

Please describe briefly why you wish to join YAYA. Feel free to write on back of this page.

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### TEACHER/ COUNSELOR RECOMMENDATION

I recommend this student to the YAYA arts program as someone who has demonstrated interest and dedication to a career in the field of art. This student demonstrates attributes that display his or her ability to interact with others or to work collaboratively with students from other schools.

#### SIGNATURES: (only need one)

Art Teacher: \_\_\_\_\_ Counselor: \_\_\_\_\_

Personal Referee: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Contact info: \_\_\_\_\_

Please list any additional comments or attributes that you feel would make the opportunity provided by the YAYA program particularly beneficial to this student. Feel free to write on back of this page.

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### YAYA complies with the Americans with Disabilities Act (ADA)

Do you have any special needs, physical limitations, or food/other allergies that need accommodation?  
YES NO

If yes, please describe: \_\_\_\_\_

**\*IMPORTANT:** Please submit a copy of applicant's most recent report card. Students must maintain a "C" average or above to participate in the studio program.

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## STUDENT INFORMATION SHEET

### PERSONAL INFORMATION (please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: New Orleans State: LA Zip: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Parent's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Best way to contact parent: \_\_\_\_\_ Student's Phone: (cell) \_\_\_\_\_

Email address: (parent's) \_\_\_\_\_ (student's) \_\_\_\_\_

#### Ethnic Origin:

\_\_\_\_\_ African American/ Black \_\_\_\_\_ Native American \_\_\_\_\_ Caucasian/ White

\_\_\_\_\_ Asian/ Pacific Islander \_\_\_\_\_ Latinx/Hispanic \_\_\_\_\_ Other: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of School: \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_ Parochial \_\_\_\_\_ College \_\_\_\_\_ Other: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

### APPLICANT'S ART EXPERIENCE AND OTHER ACTIVITIES

Have you participated in YAYA before? YES NO If yes, list all years: \_\_\_\_\_

Art classes currently or previously taken: \_\_\_\_\_

Extra Curricular Activities: \_\_\_\_\_

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## **STATISTICAL INFORMATION**

Please answer the following questions as they apply to you and your family. This information is required by YAYA and will be used for statistical purposes only and is confidential. The sheet will be detached from your application and will remain anonymous. Your answers will not affect your acceptance. Applications are judged only on the basis of the samples of your work, interview and your application/ recommendation form.

**Do you participate in a free lunch program at school?**    YES                  NO

**Does your family or household receive...**

**Food Stamps:** YES    NO

**Unemployment Compensation:** YES    NO

**Public Aid:** YES    NO

**Social Security Benefits:** YES    NO

**Who do you live with?**

\_\_\_\_\_ **Parents**    \_\_\_\_\_ **Other relatives**    \_\_\_\_\_ **On your own**    \_\_\_\_\_ **With non-relatives**

**How many people (including yourself) live in your household?** \_\_\_\_\_

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**MEDIA RELEASE FORM**

I, \_\_\_\_\_ understand and agree that my child,  
**(Parent/Guardian Name)**

\_\_\_\_\_, may be photographed/video and/or audio recorded for,  
**(Artist's Name)**

but not limited to, documentation, identification, fund raising and public relations & marketing purposes relating to the YAYA Inc. Studio Programs. I agree to the use of my child's photo as needed by all partners of YAYA Inc.

**By signing the below, I acknowledge that I have read and understand this agreement.**

\_\_\_\_\_  
**Artist Name (Please Print)**  
*If under the age of 18 years of age*

\_\_\_\_\_  
**Parent/Guardian's Name (Please print)**

\_\_\_\_\_  
**Artist Signature**  
**If under the age of 18 years of age**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



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**YAYA FIELD TRIP & TRAVEL PERMISSION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: New Orleans State: LA Zip: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Name of Parent/ Guardian: \_\_\_\_\_

Parent's Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact (1): \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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I agree that all artwork done under YAYA's supervision or resulting from arrangements made by YAYA is the property of YAYA.

I understand that lack of respect or obedience to those affiliated with, or the guest of YAYA may be reason for being suspended from the project, event, or fieldtrip.

I have read all of the above and I understand and agree to everything stated herein and would like to participate in the trip.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

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

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