



Young Aspirations | Young Artists

**YAYA COMMUNITY ARTS STUDENT INFORMATION SHEET**

**PERSONAL INFORMATION (please print clearly)**

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_ **Gender:** **Male** **Female**

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

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

**Student's Phone:** (home) \_\_\_\_\_ (cell) \_\_\_\_\_

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

**Ethnic Origin:**

\_\_\_\_\_ African American/ Black      \_\_\_\_\_ Native American      \_\_\_\_\_ Caucasian/ White  
\_\_\_\_\_ Asian/ Pacific Islander      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Other: \_\_\_\_\_

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

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

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

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 understand that lack of respect, obedience to those affiliated with, or guest of YA/YA may be reason for being suspended from YA/YA 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** \_\_\_\_\_



## **MEDIA RELEASE FORM**

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

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

\_\_\_\_\_  
**Parent/Guardian's Name (Please print)**  
**If under the age of 18 years of age**

\_\_\_\_\_  
**Artist Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**  
**If under the age of 18 years of age**

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

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