



Young Aspirations | Young Artists

3322 LaSalle St. NOLA 70115 | (504) 529.3306 | yayainc.com

YAYA GUILD TEEN PROGRAM APPLICATION AND PARENT PERMISSION FORM

(PLEASE PRINT CLEARLY)

Student's name: _____ SS#: _____

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 nemesis@yayainc.com, or drop off at the YAYA Arts Center. For questions, please call 504.529.3306.



STUDENT ACADEMIC INFORMATION

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 Reference: _____ 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.

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: _____

Signature of Applicant: _____ Date: ____/____/____

Signature of Parent/ Guardian: _____ Date: ____/____/____

***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

PERSONAL INFORMATION (please print clearly)

Name: _____ Student's Cell: _____

Student's Email address: _____

Address: _____

City: New Orleans State: LA Zip: _____ Date of Birth: ____ / ____ / ____ Gender: _____

Name of Parent/ Guardian: (1) _____ (2) _____

Parent Phone: (Home) _____ (P1 Cell) _____ (P2 Cell) _____

Best way to contact parent: (1) _____ (2) _____

Email address (1): _____

Email address (2): _____

Ethnic Origin:

_____ African American/Black _____ Native American _____ Caucasian/ White

_____ Asian/Pacific Islander _____ Hispanic/Latinx _____ Other: _____

Current School: _____ Grade: _____

Type of School: _____ Public _____ Private _____ Parochial _____ College _____ Other: _____

Emergency Contact: _____ Daytime Phone #: _____

Relationship to Student: _____

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: _____

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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

Do you live:

_____ **With your parents** _____ **with 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, _____, may be
(Parent/Guardian Name) (Artist's Name)

photographed/video and/or audio recorded for, 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



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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