

# The Contemporary Austin

## Creative Studio with The Contemporary Austin and AISD

Love thinking outside the box? Interested in contemporary art and culture? **APPLY TODAY!**

Engage with other teens in your community, learn from professional artists, and get inspired by artist talks from local creatives! This summer program allows students ages 14-18 to grow as an artist amongst their peers. Acceptance into the program includes an art kit with studio-quality materials. The intention of the class is for students to be provided with the resources to enhance how they experience art, collaborate with fellow artists, and communicate about their work. All you need to apply is yourself and an open mind!

Please read our Code of Conduct for Visitors in response to the coronavirus outbreak. Access to a computer and reliable internet is necessary, but assistance with this requirement may be possible. Please let us know in the questionnaire below what you would feel comfortable with for this class.

### JULY SESSIONS// AM and PM slots available

July 13-17

July 20-24

July 27-31

The Contemporary Austin  
Jones Center

Austin TX 78701  
p: 512 453 5312 x 105 // f: 512 459 4830  
teenprograms@thecontemporaryaustin.org

Application and questionnaire  
Parent consent form  
Medical release form

## APPLICATION

Student Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Student Cell Phone \_\_\_\_\_

Parent Cell/Work Phone \_\_\_\_\_

Address City/State/Zip \_\_\_\_\_

High School \_\_\_\_\_ Grade \_\_\_\_\_

Student Email \_\_\_\_\_

Birthday \_\_\_\_\_

Art Teacher (if applicable)

\_\_\_\_\_

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How did you hear about the Creative Studio Summer Program? (circle below)

school

word-of-mouth

online

other (explain)

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## STUDENT QUESTIONNAIRE

Please answer the following questions. Feel free to write on the back of this sheet or on a separate sheet of paper. Be creative and remember that there are no right or wrong answers!

Why do you want to participate in the Creative Studio Summer Program?

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What are your creative strengths?

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Tell us about your favorite artists, thinkers, writers, musicians, or social leaders.

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What artistic mediums do you most enjoy? Examples might include painting, drawing, printmaking, sculpture, etc.

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What is your favorite part of visiting a museum (i.e. the art, hands-on-activities, people-watching, etc.)?

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Please share any other information about yourself that will help us get to know you better.

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What are two descriptions of how you work on a team (i.e. an out-of-the-box thinker, leader, artist, collaborator, etc.)?

**The Contemporary Austin**  
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Do you have easy access to Wifi?

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Would you be interested in virtual studio hours on Friday to connect with other students?

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The Creative Studio Program will require a kit of art supplies. Would you prefer to pick up your materials at your school's parking lot or at Laguna Gloria?

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What obstacles, if any, are in the way of you receiving materials or participating in your class?

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**PARENT CONSENT FORM**  
**Recognition and Assumption of Risk Agreement**

I, the undersigned parent/legal guardian of \_\_\_\_\_, age \_\_\_\_\_, authorize said child's full participation in The Contemporary Austin's Summer Creative Studio including meetings and related program activities. As part of the art activities completed by the participants, my child's artwork may be reproduced and published in student- designed material, including a magazine, posters, t-shirts, and postcards. My child's artwork may also be published on a web page. While participating, my child may be photographed and have his/her photograph included in publications and promotional materials produced by The Contemporary Austin and/or education program underwriters. My child's comments may be included The Contemporary Austin's publications and promotional materials.

It is my understanding that participation in The Contemporary Austin Summer Creative Studio is not without some inherent risk of injury. As such, in consideration of my child's participation, I hereby release, waive, discharge, and covenant not to sue The Contemporary Austin, its officers, servants, agents, volunteers, mentors, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

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

**MEDICAL RELEASE FORM**

This form should be completed by a parent or legal guardian.

Emergency Contact #1

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Emergency Contact #2

Name of Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Does the student have any medical conditions of which program staff should be aware?

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YES NO (If yes, please describe below.)

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Does the student have any food allergies or intolerances of which program staff should be aware?

YES NO (If yes, please describe below.)

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Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I authorize The Contemporary Austin staff, volunteers, or mentors to secure medical care at a local medical facility for my son/daughter while he/she is participating in the museum's programs. This authorization is required in order to provide emergency care to a student participating in The Contemporary Austin's programs.

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