

coachart 

(Application for Siblings of Patient)

# Welcome to CoachArt!

Enclosed you will find an application to enroll in the CoachArt program. CoachArt is a non-profit organization that offers you the opportunity to take free lessons in one of the many activities we offer. Lessons are provided to chronically ill patients and/ or siblings ages 6-18. You may choose lessons in music, art, yoga, photography, dance, acting—and more! CoachArt will find classes at studios near your home or will match you up with an experienced volunteer coach who will work with you for up to ten lessons. We will provide all necessary equipment for you to participate in your lessons—you don't need to buy anything! CoachArt also provides many exciting opportunities to attend special events including dance and theater performances, sports events and more.

**All you have to do is complete the enclosed application, attend all of your free lessons, and let CoachArt know what you think about the program!**

Please mail or fax the completed application as soon as possible to CoachArt:

**CoachArt**  
**3303 Wilshire Blvd., Suite 320**  
**Los Angeles, CA 90010**  
**Phone: (213) 736-2850**  
**Fax: (213) 736-2851**

If you have any questions, please do not hesitate to contact CoachArt at (213) 736-2850. For more information about CoachArt, please visit [www.coachart.org](http://www.coachart.org).

We are very excited to begin working with you!

# coachart

## SIBLING APPLICATION

Please complete all the information on this application and return it to CoachArt. Any missing information may prevent you from participation in the program.

STUDENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  Male  Female

Preferred Language:

STUDENT \_\_\_\_\_ PARENT \_\_\_\_\_

ETHNIC BACKGROUND:  African American  Anglo American  Asian American  
 Latino/Hispanic  Middle Eastern  Native American

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

How did you hear about CoachArt?

Social Worker  Child Life  Nurse/Doctor  Online

Word of Mouth  Other Agency

Please list name of person who referred you: \_\_\_\_\_

Choose your top four (4) activities in order from your first choice (1) to your fourth choice (4).  
You will be given your activity based on your choices and available lessons.

\_\_\_\_\_ Yoga \_\_\_\_\_ Art \_\_\_\_\_ Cooking \_\_\_\_\_ Acting \_\_\_\_\_ Photography

\_\_\_\_\_ Dance: What kind? \_\_\_\_\_

\_\_\_\_\_ Sports: What kind? \_\_\_\_\_

\_\_\_\_\_ Music: What kind of instrument? \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_



SIBLING APPLICATION

# MEDICAL INFORMATION

Every item on this page must be complete

NAME

PHONE

PRIMARY PHYSICIAN \_\_\_\_\_

MEDICATION (please list dosage) \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Help us find the best lesson for you! Please answer the following questions:

Do you use a wheelchair, walker or cane?

Yes       No       Sometimes

Do you have difficulty speaking clearly?

Yes       No

Do you have good use of both hands?

Yes       No

Do you have vision or hearing impairment?

Yes       No

Would you prefer an individual or group lesson, and why? (preference may not be available)

\_\_\_\_\_

Please list any other special assistance you may need for your class:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION:

NAME

RELATIONSHIP

PHONE NUMBER

1. \_\_\_\_\_

2. \_\_\_\_\_

\*If someone other than the parents will be picking up your child from the lesson:

I hereby authorize \_\_\_\_\_ to pick up my child at lessons.  
(Name)

Parent's Signature \_\_\_\_\_

## PARTICIPATION CONSENT/RELEASE FORM

To be completed by parents if participant is under 18 years old.

\_\_\_\_\_ has my permission to participate in the CoachArt  
(student name)

program in the following activities:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand and acknowledge that CoachArt and its volunteers, and any affiliated medical care institutions (e.g., hospitals), accept no responsibility for the loss, damage, or theft of any CoachArt participant's property. Furthermore, I hereby agree to waive, release and discharge (i.e., to give up) any and all claims for damages or other remedies for death, personal injury, or property damage that may arise at any time as a result of participation in the CoachArt program. This release is intended to discharge in advance CoachArt and its volunteers, any affiliated medical care institutions, and any and all agents involved in the CoachArt program, from any and all liability, claims, costs, expenses and/or damages (collectively referred to as "liability") arising out of or connected in any way with participation in the activities of CoachArt, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

Additionally, in the event of an emergency, I hereby consent to the provision of any x-ray examination, medical or surgical diagnosis or treatment, and/or hospital care to the CoachArt participant that is necessary to alleviate the emergency. I understand that a reasonable attempt will be made to notify me of any such emergency as soon as possible.

In all other (non-emergency) circumstances in which the CoachArt participant may need medical care while participating in the CoachArt program, I hereby consent to the provision of first-aid care to the participant as deemed appropriate and necessary until I can be contacted to consent to further treatment (if any is needed).

These consents will remain in effect for as long as the child is participating in the CoachArt program.

I hereby release CoachArt, its volunteers, affiliated medical care institutions, and agents from any and all liability for treatment provided in accordance with this consent form.

Parent Signature (if participant is under 18 years) \_\_\_\_\_ Date \_\_\_\_\_

# EXPECTATIONS OF A coachart PARTICIPANT AND PARENT SIBLING APPLICATION

We expect our program to be the best of its kind in our community. In order for your lessons to be safe, fun, and enjoyable for all, we have some expectations we would like you to review before going to your first lesson. After you have read this, please sign the letter and return with your application.

1. We expect each participant to treat the coaches, teachers, and other members of the lesson with mutual respect and consideration.
2. Special care and respect should be given to the property where your lessons will take place. Remember that you are guests and your opportunity to take these lessons depends on your behavior.
3. You will have many opportunities to interact with the coach and with other students. We expect participants to conduct themselves in such a way that upholds our high CoachArt standards.
4. During any CoachArt activity, the use or possession of alcoholic beverages, cigarettes, drugs, or sexual activity by participants is not allowed.
5. Upon doctor recommendation, your coaches have been instructed not to give you any food or drink. If you will need a snack or drink during your lesson, please bring these items to class. We prefer that you do not purchase food or drinks during the lesson.
6. CoachArt only reveals personal information about you or your medical history to the volunteers on a need to know basis. However, you are welcome to talk to them about your feelings, frustrations and concerns.
7. You and your coach should not contact or meet each other outside of your scheduled lesson time. Please do not give them your home phone number, address or email.
8. You are expected to attend every lesson and arrive on time, unless you have notified CoachArt at least 2 hours in advance. If you miss 2 classes without notifying CoachArt, you will not be eligible for lessons in the following quarter.
9. If you are unable or choose not to continue with your lessons you must contact CoachArt to make appropriate changes immediately at (213) 736-2850.

We expect CoachArt lessons to be a fun and valuable experience for you. Please respect the guidelines we have set in place, as they are designed to maximize your experience and provide you with the most beneficial learning environment. If unacceptable behavior continues, your participation in the program will be restricted.

I have read the above letter and agree to abide by the expectations.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## NAME AND LIKENESS CONSENT FORM

I, \_\_\_\_\_, give CoachArt permission to use my name and to use, reproduce, edit, exhibit, project, display, copyright, and publish photography images and/or moving pictures and/or videotaped images and/or written materials of me, with or without my voice, or in which I may be included in whole or in part, photographed, taped, videotaped, and/or recorded regarding my participation in the CoachArt Program. I also consent to the use of any printed matter in conjunction therewith. This may include products used to raise funds for the organization.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products and/or copy may be applied. I understand that I will not receive any compensation for any publication or broadcast of these materials.

I hereby release, discharge and agree to save CoachArt and their legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof.

**AGREED AND ACCEPTED THIS** \_\_\_\_\_  
(Date)

**SIGNED** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**PARENT'S SIGNATURE** (if participant under 18 years old) \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**PLEASE RETURN COACHART APPLICATION TO:**

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Los Angeles, CA 90010**

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