



TEEN ART FORCE

TEEN ART FORCE 2020-2021 ENROLLMENT FORMS

**All forms must be submitted prior to enrollment*

Email to: awright@mocanomi.org or education@mocanomi.org

Program Dates:

Session 1: 10/1/2020 – 12/20/20

Session 2: 1/6/2021 – 3/20/2021

Session 3: 3/30/2021 – 5/29/2021

- Child Information Form
- MOCA Medical Release
- Program Activity/Participation Form
- Student Agreement





CHILD INFORMATION FORM (SAMIS)

Child's Last Name _____, First _____ Middle _____

Child's Date of Birth (mo/day/yr) Child's Gender Male Female

Last 4 Digits ONLY of Child's Social Security# No SSN Prefer not to give

Miami-Dade County Public School ID# No MDCPS ID Prefer not to give

Child's Current School _____

Is Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, specify _____

Child's Current Grade

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? Yes No
(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (full name) _____

Primary Caregiver Email _____

Primary Phone

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

Is the Participant a Child of a Military Family? Yes No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

Does Child Have a Documented Disability? Yes No

If yes, do you have (check all that apply)

- an Individualized Family Service Plan (IFSP; if under 3)
- an Individualized Education Plan (IEP) at school system
- a Section 504 Plan
- a medical diagnosis from a doctor
- a diagnosis by a state certified/licensed professional (ex., psychologist)
- disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the disability type(s)? (check all that apply)

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (if under 5)
- Emotional/Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or MR)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability_____

***If you are interested in other services funded by The Children's Trust,
please call 211 or visit www.thechildrenstrust.org***

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION_____

SITE LOCATION_____

PRIORITY POPULATION MEMBERSHIP (check all that apply):

- Migr Farm Wrk
- Dep Syst



CITY OF NORTH MIAMI AND MUSEUM OF CONTEMPORARY ART INC.

Program/Activity Participation Form | Photo Release and Indemnification Agreement 2020-2021

Date of Program/Activity: _____

I, _____, give the City of North Miami unrestricted permission to take and reproduce my photograph(s) or the photograph(s) of my child, _____ (if under the age of 18). I also give my consent to the City of North Miami to publish, republish, or otherwise transmit my photograph(s) or the photograph(s) of my child in any medium for the purpose of promotions or other activities beneficial to the City of North Miami and other youth programs without compensation to me. I understand that the image(s) may be used in a composite or altered. I waive the right to inspect or approve any finished product that may be used in conjunction with the image(s). I release, indemnify, and hold harmless the City of North Miami and its administrators, employees, officers and officials from all causes of action, suits, damages, judgments and demands, in law or equity, associated with the use of the image(s).

By attending a City of North Miami event, you are entering an area where photography, audio, and video recording may occur. By agreeing to these terms, you consent to photography, audio recording, video recording and its release, publication, exhibition, or reproduction to be used for promotional purposes, advertising, inclusion on websites, social media, or any other purpose by the City of North Miami and its representatives. You release the City of North Miami, its employees, and each and all persons involved from any liability connected with the taking, recording, digitizing, or publication and use of interviews, photographs, computer images, video and/or audio recordings, and you waive all rights to any claims for payment or royalties in connection with any use of these materials. You also waive any right to inspect or approve any photo, video, or audio recording taken by the City of North Miami or the person or entity designated to do so by the City of North Miami.

I agree that this release is binding on my heirs and assignees. I certify that I am at least 18 years of age, or am the parent and/or legal guardian of the child under 18 identified herein, and have the full legal capacity to execute this authorization. I have fully read, understood, and agree to each and every term contained in this release, waiver and indemnification agreement.

Signature of Guardian: _____ Date: _____

Print Name of Guardian: _____ Name of Minor Child: _____

Child's Date of Birth: _____

I, the undersigned participant, or both parents or legal guardian of the participant whose name(s) appear above, voluntarily consent and agree that the above named individual may participate in this non-commercial, community oriented or school supported program activity. By executing this document, the undersigned further agree to the following:

*WAIVE ANY CLAIM against the City of North Miami ("City") and the Museum of Contemporary Art INC. ("MOCA") and their officers, agents and employees arising from any loss, injury, or damage to person or property and does COVENANT NOT TO SUE the City and/or MOCA, their officers, agents and employees.

*RELEASE, INDEMNIFY, AND HOLD HARMLESS the, City and/or MOCA, their officers, agents and employees from any and all claims, suits, actions, demands, rights, court judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above described program/activity. Nothing contained in this Agreement is any way intended to be a waiver of the limitation placed upon the City's liability as set forth in Section 768.28, Florida Statutes.

Additionally, the City does not waive sovereign immunity and no claim or award against the City shall include attorney's fees, investigative costs or pre-judgment interest. Authorize the City of North Miami and/or MOCA to depict for any purpose, without paying compensation to me or our child, my name, image or the likeness of me or my children in photographic or other works including artwork created during a MOCA class or program appearing in any and all media (presently known or unknown) worldwide.

In the event participant is under the age of 18, both parents and or guardians of participant, consent and agree that the program/activity named above, provides the participant child with an essential of knowledge or life skill which may personally benefit participant's development in society. In the event any portion of this Agreement is deemed to be void, the undersigned specifically agree to waive any and all claims, including but not limited to claims for medical expenses, future cost of medical bills, pain and suffering, and emotional distress, again the City and/or MOCA, their officers, agents and employees.

The City and/or MOCA desire to enter into this Agreement only if in so doing the City and/or MOCA can place a limit on their liability for any cause of action for money damages or arising out of the Agreement, so that its liability never exceeds the sum of \$1,000.00. Participant, or both parents or guardians (if participant is under the age of 18) hereby expresses its willingness to enter in to this Agreement with recover from the City and/or MOCA for any action or claim arising from this agreement to be limited to the sum of \$1,000.00.

This Agreement shall be binding on all heirs, successors and assigns of participant is under the age of 18, of each parent or guardian.

All of the undersigned have fully read, understood and agree to each and every term contained in this release, waiver and indemnification agreement.

Signature of Guardian: _____ Date: _____

Print Name of Guardian: _____ Name of Minor Child: _____

Child's Date of Birth: _____

MOCA MEDICAL RELEASE 2020-2021

Name of Child: _____ Age: _____ Date of Birth: _____

I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I/We may not be available to authorize medical care of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give (MOCA) staff and faculty the right to give consent to authorize emergency medical care. It is intended that this document be presented to the physician or appropriate hospital or medical representative at such times as the medical care shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above named minor, from signing a consent or authorization to render such care. It is the intent that (MOCA) shall act in my stead in making such decisions. I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by (MOCA). I understand that this form is in effect from the date signed and that it is my responsibility to inform (MOCA) of any changes to this form.

Signature of Legal Guardian:	Date:
Signature of Secondary Legal Guardian (If applicable):	Date:
Address:	Cell Phone:
City/State/Zip:	Work Phone:
Pediatrician's Name:	Phone Number:
Hospital Preference:	Phone Number:
Address:	City/State/Zip:
Insurance Company:	Policy/Group #
Date of Minor's Last Tetanus Shot:	
Medical history or other important facts that should be known including Allergies and current Medications :	



**MUSEUM OF
CONTEMPORARY ART
NORTH MIAMI**

Teen Art Force is a tuition free program funded by the generosity of the City of North Miami, The Children's Trust and the Department of Cultural Affairs of Miami-Dade County. Although our program is free, in order to continue servicing our community, MOCA requires all Teen Art Force 2020-2021 students to attend their sessions regularly and consistently.

*This means students who do not fulfill the **20 day minimum attendance** requirement will not be eligible for receiving their community service hours at the end of the session. Please communicate with your instructors regarding absences and any scheduling conflicts which may occur throughout the duration of your enrollment.*

*By signing this form you **agree to our terms and conditions**. MOCA retains the right to dismiss students who do not adhere to program guidelines and conditions.*

Student's Signature

Date:

***Select for Enrollment**

- Monday: Fashion x Textile Design
- Tuesday: Drawing x Portfolio Development
- Wednesday: Mixed Media x Sculpture
- Thursday: Print Making
- Friday: Art Journalism x Photography

Field trips: Select weekdays throughout the year

Showcases: December 20, March 20, May 29