

Michael Redd  
FOUNDATION

## Art Therapy Program Registration Form

[Http://www.kyaskrusade.org](http://www.kyaskrusade.org)

### Parental Consent to Participate and Release from Liability

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_.  
(Child/children's name(s))

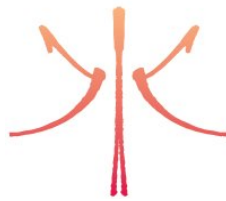
- ☞ I hereby give my permission for the registered child/children \_\_\_\_\_ ((name(s)) to participate in the activities conducted during the Art Therapy Classes offered by the Kya's Crusade Art Therapy Program.
- ☞ I certify that I have thoroughly reviewed this form and that all information provided is accurate and complete, including the allergy and special considerations sections.
- ☞ I grant permission for Kya's Crusade to provide my child with beverages, snacks and/or lunch within the guidelines of the food allergies that I disclosed on the registration form. Kya's Crusade will take reasonable care to ensure that all consumable items provided will comply with freshness, cleanliness, safety and the children's well being in mind. As such, I release Kya's Crusade, its volunteers, associates and contracted employees from any and all liability related to any allergic reactions or illness related to the consumption of such beverages, snacks and/or lunch.
- ☞ I understand that Kya's Crusade, its associates, volunteers and contracted employees are not liable for any claims, judgments or damages of any kind or nature for any undue harm or injury incurred by my child/children during the Art Therapy classes or any related activities during, prior to or following the classes.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



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### Kya's Krusade Photographic and Art Image Release

**For your child's protection:** Kya's Krusade will not use the submitted image(s) and/or text for purposes other than on-line display, organization and/or program marketing and promotion unless an additional waiver granting permission for the specified alternative use has been obtained. Kya's Krusade will not sell, transfer or authorize their use to any third parties.

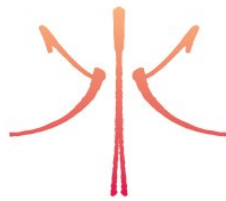
- ☞ As the parent/legal guardian of \_\_\_\_\_ (child/children's name(s)), I give permission for Kya's Krusade to utilize images of my child and/or my child/children's art for marketing and fundraising purposes. I understand that this may include their display on the Kya's Krusade Website, <http://www.kyaskrusade.org>; Kya's Krusade Facebook Pages; in brochures and other marketing materials; in art-related products designed for fundraising purposes and displays used to promote Kya's Krusade and/or the Kya's Krusade Art Therapy Program.
- ☞ I understand that these images and/or text may remain, be removed or be moved to various locations on the website, <http://www.kyaskrusade.org>, or other aforementioned forms of promotion indefinitely, at the discretion of Kya's Krusade Administrators.
- ☞ I relinquish all rights and interests of the photographs, art work and related text to Kya's Krusade and my ability to make claims on any proceeds or benefits derived from the use of the image(s) and related content.
- ☞ I certify that I have accurately disclosed my relationship to the subject(s) and or creators of the image(s) and/or text. I am legally authorized to grant such permission.
- ☞ Furthermore, I understand that Kya's Krusade is not liable for unauthorized uses of these images or related text by third parties, not affiliated with Kya's Krusade or its subsidiaries, who obtain the images and/or text from the website or other products for which these images are used.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### Additional Information (Optional, for statistical use only)

This part of the form is optional and will only be used for Kya's Krusade statistical, reporting and general marketing purposes. No specific identifying information about your child will be disclosed or shared with any third parties. This section will be maintained separately from the rest of the form. **The completion and content of this section will not impact your child's ability to participate in the Kya's Krusade Art Therapy Program.**

Child's gender \_\_\_\_\_ Child's Age \_\_\_\_\_

Is your child's condition congenital?  Yes  No

If no, at what age was your child diagnosed? \_\_\_\_\_

Primary Health Care Coverage (check all that apply):

Insurance  Medicaid  Other (please specify): \_\_\_\_\_

Types of Therapy in which the child is engaged: \_\_\_\_\_

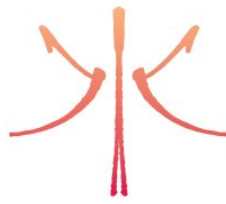
Frequency of therapy sessions attended \_\_\_\_\_ times per \_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_ year

Number of Family Members \_\_\_\_\_ Family Members contributing to Household Income \_\_\_\_\_

Annual Household Income:

less than \$25,000  \$25,000 - \$40,000  \$40,000-\$60,000  \$60,000 – \$90,000  \$90,000 +

Date received by Kya's Krusade: \_\_\_\_\_



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### 2010 Art Therapy Program Class Registration

Child's Name: \_\_\_\_\_ Sibling's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Age: \_\_\_\_\_

Accommodations needed to help my child participate more independently:

- lay on the floor during the activities       assistive equipment to hold writing/art instruments

**Location:** Schiller Park Recreation Center (1069 Jaeger Street **œ** Columbus, OH 43206), except summer\*

**Winter 2010 Series** (Registration deadline: **January 29<sup>th</sup>**)

- February 6, 2010    February 13, 2010    February 20, 2010    February 27, 2010

**Spring 2010 Series** (Registration deadline: **April 9<sup>th</sup>**)

- April 17, 2010    April 24, 2010    May 1, 2010    May 8, 2010

**Summer 2010 Series** (Registration deadline: **July 2<sup>nd</sup>** ; \* Location TBA)

- July 10, 2010    July 17, 2010    July 24, 2010    July 31, 2010

**Fall I 2010 Series** (Registration deadline: **September 10<sup>th</sup>**)

- September 18, 2010    September 25, 2010    October 2, 2010    October 9, 2010

**Fall II 2010 Series** (Registration deadline: **October 15<sup>th</sup>**)

- October 23, 2010    October 30, 2010    November 6, 2010    November 13, 2010

Class times are assigned typically assigned by age group, but may vary, please state if you have a preference:

10:00 - 11:00 (4-9 years old)    11:15 - 12:15 (10 + years old)    12:30 – 1:30 (optional third session)

**Class Confirmation** Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Would you like to be contacted about available spaces in future Kya's Krusade Art Therapy classes?

\_\_\_\_ Yes, please notify me about future classes by  E-mail  Phone  Mail    \_\_\_\_ No, thank you.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Kya's Krusade, Inc. | 947 E. Johnstown Rd., Ste. 143 **œ** Gahanna, OH 43230**

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[www.kyaskrusade.org](http://www.kyaskrusade.org)