

AHA! THE ACADEMY OF HEALING ARTS FOR TEENS
AFTER-SCHOOL PROGRAM APPLICATION

STUDENT INFORMATION:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's Home Phone: _____ Student's Cell: _____

Student's Email Address: _____

PARENT/GUARDIAN(S) INFORMATION:

Name: _____ Relationship: _____

Address (if different from above): _____

Email: _____ Parent's Home #: _____

Parent's Work #: _____ Parent's Cell #: _____

REFERRED BY:

Name: _____ Phone: _____

Position/Title: _____ Email: _____

Organization/School:

SCHOOL INFORMATION:

School: _____ Grade: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

MAIL OR FAX THIS FORM TO:

Isis Castañeda, Co-Outreach Coordinator

Heather Cole, Co-Outreach Coordinator

The Academy of Healing Arts for Teens (AHA!)

c/o Family Therapy Institute

111 E. Arrellaga Street

Santa Barbara, CA 93101

Contact: 805.882-2424

Ext.310 or 309

Fax: 805.882-2422

Email: isiscasta@yahoo.com

AHA!

Academy of Healing Arts for Teens

23 W. Mission St. Santa Barbara, CA 93101 (805)569-6277x108 FAX (805)569-3609

PARTICIPATION AGREEMENT AND INFORMED CONSENT

AHA! is dedicated to the development of character, emotional intelligence, and social conscience in teenagers. Through an innovative after-school curriculum focusing on self-expression, team building, empathy training, and prejudice reduction *AHA!* aims to help teens learn to: set goals, stop bullying and hatred, support their peers, and serve their community.

By signing this document, I, _____
(Name of parent or legal guardian)

parent or guardian of _____,
(Name of child) am consenting that

my child participate in *AHA!* and in the evaluation of *AHA!*

I further understand that data will be collected through written surveys, individual interviews, a videotaped final group meeting of the teens, and school records. I understand that I will be engaged in completing written surveys and questionnaires as well. The objective of this research is to evaluate the effectiveness of the project activities through monitoring any changes that might be occurring in participating teens in terms of their social skills, academic progress, or emotional intelligence.

I understand that my child will be participating in after school groups this semester and will have the opportunity to participate next semester. Surveys will be completed at the beginning and end of the groups for both parents and teens. Interview questions will be completed at the end of the groups for both parents and teens. Additional meetings with my child may take place as needed to check in with how they're doing in the program. The benefits that may be gained from participation in this program and its evaluation are a fostering of the development of emotional intelligence, character, imagination and community mindedness.

Any information that is obtained in connection with participation and the evaluation research and that can be identified with my child or me will remain confidential and will be disclosed only with my permission or as required by law. I recognize that it is possible that data or statements made by me or my child may be included in reports to local, state and or federal funding agencies but no identifying information will be shared that would link those statements or data to me or my child.

I am aware that if I decide to participate, I am free to withdraw my consent and to discontinue participation at any time without prejudice. If I have any questions, I know that I can contact Isis Castaneda at (805) 448-0920 or Rendy Freedman, MFT at 882-2424 ext. 108. I have been given a copy of this form to keep.

Signature of Parent/Legal guardian
Relationship to Teen: Mother Father Legal Guardian

Date

Signature of AHA! Student

Date

Signature of AHA! Leader

Date

AHA!

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Authorization to Release School Information

By signing this document, I, _____,
(Name of parent or legal guardian)

hereby authorize AHA to obtain information from:

(Name of school)

about _____
(Student's name)

I understand that I have a right to receive a copy of this authorization.

I agree that the following information may be disclosed:

**Transcripts
Attendance Report**

_____ I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to AHA! I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on this authorization.

Unless sooner revoked, this consent expires one year from the date signed below.

Signature of Parent/Legal Guardian

Date

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Release and Copyright Transfer Agreement

By signing this document, I, _____ parent or guardian
(Name of parent or legal guardian)

of _____, release the rights to the AHA!
(Name of child)

story and video/or photographs which AHA! obtained through videotaping/or photography during my child's participation in the program. I understand that this may be used for publishing on the AHA! & Family Therapy Institute Websites, for advertising for AHA!, for a future publication of a book or documentary film, and for education and training purposes.

In consideration of AHA!'s review of the material, I hereby convey to AHA!, all rights, title, interest and copyright ownership to this story. I also agree as follows:

- a) I hereby permit the AHA! Directors to use my child's likeness, image, voice, appearance, and performance embodied in the material.
- b) I hereby waive all reuse fees or such other fees that might be applicable.
- c) I represent that I have full right and authority to disclose and convey the material for the AHA! story to AHA!
- d) I hereby release, discharge and agree to hold harmless the Family Therapy Institute and AHA! From any liability or injury that may occur from the conveyances and/or permission in this.

I hereby warrant that I am the legal guardian of the minor named above and have every right to contract for her/him in the above regard. I state further that I have read the above conveyances, permissions, representations, releases and agreement and that I consent and hereby agree on behalf of myself and the above minor to its terms. I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to AHA! I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on this authorization.

Signature of Parent/Legal guardian

Date

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2010-2011 AHA! Outdoors

The Academy of Healing Arts for Teens

AHA! Outdoors offers monthly retreats such as surfing, horseback riding, kayaking, hiking, ropes courses, and much more! Being in the outdoors allows teens the opportunity to connect with nature on a deeper level and develop an appreciation for the outdoors; which enhances personal awareness, personal power and a personal sense of responsibility.

AHA! Outdoor Goals:

- **Have Fun!**
- **Personal Growth:** Self awareness, personal power, and accountability
- **Connect to Nature:** Develop a relationship with nature as a resource for self-healing and self-care

Participants and Guardians must fill out and return:

- Permission and Release of Liability Form
- Medical Information Form
- Participant Agreement Form

Facilitators: Heather Cole, Brad Edwards and Mauricio Mendez

Information about upcoming AHA! Outdoor Excursions will be announced.

Please direct any questions to:

Heather Cole
The Family Therapy Institute
111 E. Arrellaga Street Santa Barbara CA 93101
(805) 882-2400 Ext. 309
cole4478@hotmail.com

Permission and Release of Liability Form

Participant Name _____

Parent/Guardian Name _____

Please Initial the 4 spaces and fill out the bottom portion (must be at least 18 years old)

_____ I understand that Heather Cole and the AHA! team of instructors will take every step possible to ensure safety, but I also understand that should an injury or accident occur during transportation to and from activities or through participation in any of the activities , I will not hold any of the above mentioned or The Family Therapy Institute personally responsible.

_____ I am aware that being in nature entails various degrees of risk. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in personal suffering. I agree to assume responsibility for my son and/or daughter's participation on any of the AHA! one-day fieldtrips, which include but are not limited to events such kayaking, horseback riding, hiking, and surfing. I understand that I and/or my son/daughter have voluntarily elected to participate, having understood these possible inherent risks.

_____ I certify that my son and/or daughter is fully capable of participating in AHA! activities; therefore, I assume full responsibility for their participation.

_____ Photography Release: I give AHA! the right and permission to use, re-use, publish and republish any photos taken and to print my son/daughter's name along with these photos.

Signature Guardian _____ Date _____

Guardian

(Print) _____

Home

Address _____

HomePhone _____ CellPhone _____

Participant Name _____

AHA! Outdoor Participant Medical Information Form

Medical Information: It is the responsibility of the participant to disclose all relevant information regarding the participant's health and special needs. Additional information and or physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate assistance.

Health/Special Needs:

If yes, please explain severity and any medications:

ADD/ADHD _____

Allergies/Asthma _____

Diabetes _____

Diet or activity restrictions _____

Medications _____

Type: _____ Dosage: _____

Seizure Disorder _____

Date of Last Seizure: _____ Type: _____

Sleep Disorder _____

Other Conditions _____

Date of Last Physical Exam _____

I give my permission to AHA! Outdoors and its designated leaders to dispense the following: Please circle all that apply; Aspirin, Acetaminophen, Tylenol, Aleve, Advil, Antihistamine (Benadryl) for bug bites, rashes, or cold symptoms to my son and/or daughter and release employees of AHA! from any reaction to the dispensed medication. Prescription medication must be dispensed according with physician's current orders.

INITIAL HERE _____

Insurance: Company Name: _____ Policy Number: _____

I understand that AHA! does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her insurance carrier.

INITIAL HERE _____

PERMISSION TO AUTHORIZE TREATMENT FOR MINORS: As parent or legal guardian of teen registered on this form, I hereby authorize AHA! and its delegated leaders to consent to any medical and/or hospital care to be rendered upon the legal advice of a licensed physician and release Health and Special Needs information as necessary for treatment. It is understood that if time and circumstances reasonably permit, AHA! will try to, but is not required to, communicate with me prior to such treatment. I agree that AHA! and its designated leaders will not be held legally or financially liable for any claim arising from any illness or injury involved in connection to any AHA! programs.

INITIAL HERE _____

RELEASE AGREEMENT FOR ALL PARTICIPANTS: Under penalty of law, in signing the registration form, I declare that the health history is correct and complete as far as I know and my son and/or daughter has my permission to engage in all AHA! activities as noted.

Parent/Guardian Signature Date

Participant Signature Date

AHA! Outdoor Participant Agreement Form

Participant Name: _____

Parent/Guardian Name: _____

1. I will contact one of the group leaders immediately if any unexpected circumstances arise causing me to miss the trip.
2. I will treat other members of the program with mutual respect and consideration.
3. I will refrain from being in-group under the influence and I will not bring any type of drug, alcohol or cigarettes to an AHA! outing.
4. I will not bring any cell phones, pagers, walkmans or video games.
5. I will not bring any weapons, animals or unapproved personal sports equipment.
6. I and my guardians agree to assume full financial responsibility for any damage to facility property or the property of others, if the damage is a result of negligence, vandalism or fault.
7. I agree to observe confidentiality. In other words: "what is said and done during class/retreat stays there and is not discussed outside." You may talk about your own experience but not that of another person.
8. I understand and accept that failure to meet the above agreements could result in my dismissal from the program.

Student Signature:

Sign name: _____ *Date:* _____

Parent/Guardian Signature:

Sign name: _____ Date: _____