

# acxteens registration form

**Register Online:** [artcenter.edu/teens](http://artcenter.edu/teens) **Mailing Address:**  
P.O. Box 7197  
Pasadena, CA  
91109-7197

Are you a returning student?  Yes  No

Last name	First	Middle	
Address		Apt no.	
City	State	ZIP	
Phone	Email		
Social Security Number	Birth date (required)		
High school and city	Art teacher	Grade	Graduation year

## INFORMATION

- Male  Female
- Are you Hispanic or Latino?  
 Yes  No
- Select one or more from the following categories:  
 American Indian/Alaska Native  Asian  Black/African American  
 Native Hawaiian/Other Pacific Islander  White  Decline to state

In the past two years, have you or anyone in your household qualified for the "Free or Reduced Price Lunch Program" at your school?

- Yes  No  Decline to state

## Classes

- SUMMER 2021  FALL 2021  SPRING 2022

ACT -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
ACT -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
<i>Please list an alternate choice should one of your choices become unavailable.</i>				
ACT -				\$
Class Number & Title	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Summer Workshop/Intensive	
				\$
				<b>TOTAL</b>

## Payment

- Check enclosed  Visa  Mastercard  American Express  Discover

Credit card number	Expiration date	Security code	Name on card
Billing address (if different from address above)			Cardholder signature

## Scholarship Applicants Only

Gross annual household income: How much did your family earn last year? (required) Number of family members in household (required)

- Yes  No  Yes  No  Yes  No
- I am applying for a scholarship. No payment is enclosed.  
 I have previously attended an ArtCenter for Teens class.  
 I am submitting samples of work.  
*(required for all previous ACX Teens students)*  
 I am submitting a letter of recommendation.  
*(not required if you are submitting samples of your work)*

## Emergency Information

Emergency contact person	Phone	Student physician's phone
Medical insurance	Name of insured	Policy number

**THE UNDERSIGNED HEREBY AUTHORIZES** the officers, teachers, employees or agents of ArtCenter College of Design to consent to any diagnostic procedure, including, but not limited to, x-ray examination and surgical diagnosis and any medical or surgical procedure, including, but not limited to, the administration of anesthetic necessary in a medical emergency. It is understood that this authorization is given in advance to provide authority and power to render care that the attending physician, in the exercise of his or her best judgment, may deem advisable. It is understood that effort may be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached, or if it is not feasible to attempt to contact the undersigned. The undersigned authorizes any hospital or health care provider that has provided services to the above student to surrender physical custody of such student to an ArtCenter representative upon completion of treatment. The undersigned hereby waives and releases ArtCenter, its officers, teachers, employees and agents from any and all liability in connection with the exercise or non-exercise of the consent herein.

**NAME AND LIKENESS RELEASE** By enrolling my son or daughter in educational programs at ArtCenter College of Design, I acknowledge and agree that my son or daughter may be filmed, taped, photographed or otherwise recorded while at ArtCenter and/or participating in activities relating to ArtCenter. I therefore agree that my son or daughter's name, likeness and image recorded while at ArtCenter may be used by ArtCenter in connection with publicity and promotion for ArtCenter in any media or format, throughout the world. Agreed to and accepted by:

Printed name and relationship to student	Parent or guardian signature	Date
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