



# CoachArt Student Application

Welcome to CoachArt! CoachArt is a non-profit organization that offers free lessons in the arts and athletics to patients with chronic, physical illnesses and their siblings, ages 5 – 18. Participants can choose lessons in music, art, yoga, photography, dance, acting—and more! CoachArt lessons can take place at your home with a volunteer coach for 8 weeks or in a group setting at a local program partner location. CoachArt provides the necessary equipment to participate in lessons and families are asked to show up with consistent attendance.

## To qualify:

- **Patient must have a chronic physical illness requiring at least three months of treatment such as cancer, arthritis or diabetes.**
- **Patient must be between the ages of 5 – 18.**
- **Patients with behavioral, mental and brain development disorders do not qualify for CoachArt unless they also have an underlying chronic, physical illness. In these cases, patients must be able to work independently with a volunteer instructor.**
- **Siblings ages 5-18 are eligible and encouraged to enroll, once the patient is signed into the program.**

To participate families must complete the following:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Student Application</b>                | <input type="checkbox"/> <b>Media Release for Students</b>           |
| <input type="checkbox"/> <b>Activity Interest</b>                  | <input type="checkbox"/> <b>Sign off on Participant Expectations</b> |
| <input type="checkbox"/> <b>Participation Consent/Release Form</b> | <input type="checkbox"/> <b>Family Orientation attendance</b>        |
| <input type="checkbox"/> <b>Medical Information</b>                |  |

Please mail, fax or email the completed student application to the appropriate office for your student. Include the doctor's consent form.

NOTE: Due to a high volume of applicants, incomplete forms will not be accepted.

**CoachArt**  
**445 S. Figueroa St, Ste 3100**  
**Los Angeles, CA 90071**

For more information about CoachArt, please visit [www.coachart.org](http://www.coachart.org).

We are very excited to begin working with you!



## STUDENT APPLICATION

Please complete all information requested. Any missing information will prevent your child from participating in the program.

THIS APPLICATION IS FOR A:  PATIENT  SIBLING

Today's Date \_\_\_\_\_

Student First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Student Age \_\_\_\_\_ Student Date of Birth \_\_\_\_\_  Male  Female

Primary Language spoken by student:  English  Spanish  Other \_\_\_\_\_

If this application is for a sibling, list the Patient's First and Last Name \_\_\_\_\_

(1) Primary Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different from home address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

(2) Secondary Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Primary Language: \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

*\*\*CoachArt uses email as the primary form of communication. Your information will not be shared. We are available to help set up your email.*

**THE REQUIRED INFORMATION BELOW DOES NOT DETERMINE ELIGIBILITY. IT IS USED FOR FUNDING AND REPORTING.**

Ethnicity:  African American  Anglo American  Asian American  Latino/Hispanic  Middle Eastern  
 Native American  Other: \_\_\_\_\_

Annual Household Income:  Below 25,000  26,000-44,000  45,000-69,000  Above 70,000

Household Members (living at home):  0-2  3-5  6-8  9-11  Above 11

**EMERGENCY CONTACT INFORMATION (Please provide a contact other than parents/guardians):**

Name

Relationship

Phone Number

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



## COACHART ACTIVITIES

*Choose the participant's top four (4) activities in order of preference. Lessons are not guaranteed and are based on availability and scheduling of volunteers. All lessons are recreational. CoachArt does not provide therapy-based lessons.*

	SELECT FROM THE FOLLOWING CLASSES:
Culinary Arts	Baking, Cooking
Literary Arts	Song Writing, Poetry
Music	Drums, Guitar, Piano, Voice, Violin
Performing Arts	Acting/Theater, Ballet, Jazz, Hip Hop dance
Sports	Baseball, Basketball, Tennis, Volleyball, Soccer, Swimming, Martial Arts, Yoga
Visual Arts	Drawing/Painting, Digital Art, Ceramics/Sculpture, Knitting/Sewing, Photography

**\*\*Please also list these activities on the Doctor's Consent Form\*\***

1. \_\_\_\_\_  No experience  Beginner  Intermediate  Advanced
2. \_\_\_\_\_  No experience  Beginner  Intermediate  Advanced
3. \_\_\_\_\_  No experience  Beginner  Intermediate  Advanced
4. \_\_\_\_\_  No experience  Beginner  Intermediate  Advanced

**INDIVIDUAL OR GROUP:** Does the student prefer an individual or group lesson?  No preference  Individual  Group

Can the student work independently in the activities listed above?  Yes  No

**MATERIALS:** Do you have equipment, instruments, or supplies for activities selected? If so, what do you have.

No  Yes, we have: \_\_\_\_\_

Do you have transportation for lessons?  Yes  No Distance (miles) willing to drive:  0-5  6-10  11-15

**PROGRAM PARTNER REFERRAL:** Are there any activities/programs in your area you suggest we partner with?

Yes  No Name of Program: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

**REFERRAL:** How did you hear about CoachArt?  Social Worker  Child Life  Nurse/Doctor  Online  Event

Sibling is already in the program  Other CoachArt Family  Other Organization  CoachArt Employee



Name of person that referred you: \_\_\_\_\_ Organization/Hospital: \_\_\_\_\_

## PARTICIPATION CONSENT/RELEASE FORM

*To be completed by parent/guardian if participant is under 18 years old.*

\_\_\_\_\_ has my permission to participate in the CoachArt program.  
 (Participant name)

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.

For (student name) \_\_\_\_\_, I authorize the use and disclosure of student's medical information to determine Physician's assessments of student's participation in the CoachArt program. My physician, as well as his/her authorized representatives, is authorized to fill out, sign and provide to CoachArt any forms that CoachArt may require; including forms relating to student's medical eligibility, the requested activity, and related medical considerations.

I specifically authorize release of the following information when applicable:

- Mental health treatment information
- AIDS/HIV-related information
- Immunization records and/or health and well being information as needed
- Medications, allergies, etc.

CoachArt follows HIPAA compliant protocol for maintaining confidentiality of Patient diagnosis and treatment. The information obtained will be used for the sole purpose of (i) evaluating Physician's assessments regarding whether Patient is medically eligible to participate in CoachArt lessons and, (ii) if so, whether there are any limitations to participating in the requested activity.

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(s) 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. However, CoachArt asks that parent/guardian update information annually or as medical conditions change.

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 \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

*Every item on this page must be complete. Incomplete forms will not be processed.*

Student Name \_\_\_\_\_

Primary Physician Name \_\_\_\_\_

Physician Phone # \_\_\_\_\_ Physician Fax # \_\_\_\_\_

**ALLERGIES:** Please list any food and/or other allergies:

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Are there emotional or behavioral issues we should be aware of?  Yes  No If yes, please explain:

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Please list any other special assistance your child may need for their classes:

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Diagnosis \_\_\_\_\_

### Please answer the following questions:

Use of a  wheelchair  walker or  cane?  None

Speech impairment or difficulty?  No  Yes

Difficulty with use of hands?  No  Left  Right

Vision or hearing impairment?  No  Hearing  Vision

Use of medical devices?  No  Catheter  Feeding Tube  Shunt  PICC Line  Oxygen Tank

Other



## EXPECTATIONS OF A COACHART PARTICIPANT

*For lessons to be safe, fun, and enjoyable CoachArt ask you to review, initial each item and sign our Expectations Agreement.*

- \_\_\_\_\_1. CoachArt reserves the right to suspend/terminate lessons of student for misconduct and/or illegal activity.
- \_\_\_\_\_2. During CoachArt activities participants are prohibited from the use or possession of alcoholic beverages, tobacco or drugs. Sexual activity is prohibited during CoachArt lessons and/or events.
- \_\_\_\_\_3. CoachArt only shares personal medical information to coaches on a need-to-know basis. If there is information that you feel would help the coach lead a lesson with the participant, you may share it with them. All coaches and Program Partners have signed a confidentiality release form.
- \_\_\_\_\_4. Participants and coaches should not meet each other outside of your scheduled lesson time.
- \_\_\_\_\_10. If you must miss a lesson, you must notify CoachArt at least 2 hours in advance. If you miss 2 classes without notifying CoachArt, you will not be able to participate in lessons the next quarter.
- \_\_\_\_\_11. If you must miss any activity or special event that you signed-up for, you must contact CoachArt at one day in advance. Being a “no-show” for 2 activities may result in loss of future invitations.
- \_\_\_\_\_12. If you are unable or choose not to continue with your lessons you must contact CoachArt to make appropriate changes immediately.
- \_\_\_\_\_13. CoachArt may lend materials to students for use during their lessons. Students are to care for loaned materials. Damage to materials may result in suspension or termination from future opportunities.
- \_\_\_\_\_14. Students and parents/guardians agree to complete and return program evaluations after activities.
- \_\_\_\_\_15. Students graduate from the CoachArt programming when they reach age 19.

We want CoachArt lessons to be a fun and valuable experience for you. Please follow 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 occurs, your participation in the program will be restricted and/or terminated.

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

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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



## MEDIA RELEASE FOR STUDENTS

Student Name (please print) \_\_\_\_\_ Student Date of Birth \_\_\_\_\_

CoachArt understands that information about health is personal and CoachArt is committed to protecting the privacy of that information. Given this commitment, CoachArt seeks to obtain written authorization before using or disclosing health information for the purposes described below. This form provides that authorization and helps make sure students and their families are properly informed of how this information will be used or disclosed. Please read the information below carefully before signing this form. All references to “I,” “my” and “me” in this form are to a patient/student of CoachArt or, if applicable, the student’s legal representative.

**Who will disclose the information?** Staff members, volunteers and employees of CoachArt may disclose my health information.

**Who will receive the information?** My health information may be received by authorized vendors and third-party fundraisers of CoachArt and may be disclosed to the public for the purposes of this form.

**What information will be used and disclosed?** My health information includes my visual and audio likeness on any media, quotations, contact and demographic information, diagnosis, disease, doctor’s name, treatment, and treatment area.

**What is the purpose of the use and disclosure?** My health information may be used and disclosed of the following CoachArt communications or media activities.

**May I revoke this authorization?** I may revoke this authorization at any time by delivering a written and signed letter to: CoachArt, 3303 Wilshire Blvd, Suite 320, Los Angeles, CA 90010.

**When will this authorization expire?** This authorization will expire on December 31, 2034. Upon expiration of this authorization, CoachArt will not permit any further release of any of my health information, but will not be able to retrieve any of my health information already released. When health information is disclosed to people or entities that are not required to abide by federal or state medical privacy laws, those people or entities may re-disclose such information to others and use it without being subject to penalties under those laws.

### CHECK ONE BOX BELOW

I **AUTHORIZE MEDIA RELEASE**. I agree to participate in an interview, to provide facts about my care and treatment, or if a sibling, about my participation in the program in relation to me and to have photographs, audio, video or film recordings made of me for any of the following uses:

- Advertising; marketing; fundraising; and raising awareness of CoachArt in media (such as newspaper, television, radio, magazines, internet publications, etc.); printed publications; meeting and event presentations; electronic communications (such as Web sites, Web presences, e-newsletters, etc.); social networking sites (such as Facebook, Twitter, YouTube, blogs, etc.); DVDs/CD-ROMs; and grant proposals. Other uses as described here: \_\_\_\_\_

I will not be paid for my health information nor other personal information I share. CoachArt will not be paid for the use and disclosure of my health or other information.

I **DO NOT AUTHORIZE MEDIA RELEASE**. I have a right to refuse media release authorization. I understand that my ability to obtain CoachArt classes, coaching, or other services will not be affected if I do not consent.

*By signing this authorization form, I acknowledge that I have read and accept all of these terms. If I am signing as a student’s legal representative, I also acknowledge that I am authorized to act on behalf of the patient/student.*

**Signature:** \_\_\_\_\_ **Print name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*(Patient signature if 18 years or older OR patient's legal guardian or representative if under 18 years old)*

**Relationship to Patient/Student:**  Self  Parent  Other legal representative

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## AUTHORIZATION

Student Name \_\_\_\_\_

### PARTICIPATION CONSENT/RELEASE FORM (page 4)

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

### EXPECTATIONS OF A COACHART PARTICIPANT (page 6)

I have read the Expectations of a CoachArt Participant and agree to abide by the expectations and enforce them with my child.

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

### MEDIA RELEASE FOR STUDENTS (page 7)

I AUTHORIZE MEDIA RELEASE.

I DO NOT AUTHORIZE MEDIA RELEASE.

By signing this authorization form, I acknowledge that I have read and accept all of the terms listed on the Media Release For Students form. If I am signing as a student's legal representative, I also acknowledge that I am authorized to act on behalf of the patient/student.

*(Patient signature if 18 years or older OR patient's legal guardian or representative if under 18 years old)*

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_