



Mattress Factory
art you can get into

TEEN ART COOPERATIVE
APPLICATION DUE FRIDAY, SEPTEMBER 29, 2017

E-MAIL: mattie@mattress.org or

SEND: MATTRESS FACTORY, ATTN: TEEN ART CO-OP, 500 Sampsonia Way, Pittsburgh, PA 15212

STUDENT INFORMATION

FULL NAME: _____

AGE: _____ GRADE: _____ SCHOOL: _____

HOME ADDRESS: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

WEBSITE /INSTAGRAM/ TUMBLR / BLOG: _____

ALLERGIES? IF SO, PLEASE DESCRIBE: _____

ANY OTHER SPECIAL NEEDS? _____

PARENT INFORMATION

FULL NAME: _____

E-MAIL ADDRESS: _____

PHONE: _____

You must provide different contact information below than what has been provided above.

EMERGENCY CONTACT INFORMATION

FULL NAME: _____

RELATION: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

NAME(S) OF ADULTS WHO ARE AUTHORIZED TO DROP OFF / PICK UP STUDENTS AND THEIR CONTACT INFORMATION **OR** PERMISSION FOR STUDENT TO PROVIDE THEIR OWN TRANSPORTATION:



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HAVE YOU BEEN TO THE MATTRESS FACTORY BEFORE?

WHAT ARE SOME OF YOUR INTERESTS AND PASSIONS?

WHO ARE SOME OF YOUR FAVORITE ARTISTS?

**WHY ARE YOU INTERESTED IN BEING A PART OF THE MATTRESS FACTORY
TEEN ART COOPERATIVE?**

**ARE YOU PREPARED TO COMMIT TO THE TEEN ART COOPERATIVE FOR THE
FULL SCHOOL YEAR (OCTOBER 12 -MAY 24)? THE PROGRAM WILL MEET ON
THURSDAYS FROM 4 – 6PM AND FOR SPECIAL EVENTS. DO YOU ANTICIPATE
ANY CONFLICTS?**

**WHAT KIND OF EVENT OR PROGRAM WOULD YOU BE INTERESTED IN
ORGANIZING AND HOSTING AT THE MATTRESS FACTORY?**



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WHAT KINDS OF ARTISTS AND CREATIVE PROFESSIONALS ARE YOU INTERESTED IN MEETING?

WHAT KINDS OF JOBS WITHIN A MUSEUM ARE YOU INTERESTED IN LEARNING MORE ABOUT?

WHAT KINDS OF JOBS AND CAREER PATHWAYS ARE YOU INTERESTED IN?

WHAT COLLEGE / CAREER / FUTURE GOALS CAN THIS PROGRAM HELP YOU TO ACHIEVE?

HOW DID YOU HEAR ABOUT THE TEEN ART COOPERATIVE?



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PHOTO CONSENT

The Mattress Factory Museum takes photographs and video footage of education program participants and museum visitors in order to document all of our events, enhance our printed materials, website, social media platforms, digital outreach, and to evaluate our programming. Please sign the form below to grant the Mattress Factory permission to photograph your child and use the photographs as described above.

STUDENT'S NAME: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN (OR STUDENT IF OVER 18): _____

FIELD TRIP PERMISSION

As part of the Mattress Factory After School Programming, your child will be invited to participate in walking tours of the local neighborhood. If a field trip involving further transportation is planned, a separate permission form will be given to the parent/guardian of participants along with proper notification time. Please sign the form below to grant permission for your child to walk through the neighborhood surrounding the Mattress Factory with their group and supervised by Mattress Factory Artist Educators, Interns and Staff.

STUDENT'S NAME: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN (OR STUDENT IF OVER 18): _____

LIABILITY WAIVER

I understand that although the Mattress Factory and their respective staff will take all reasonable precautions to insure safety, they cannot insure that I, my children or wards are free from the risk of injury, loss or damage to person or property, and I hereby assume all of said risks for myself, my children or wards.

In consideration of the use and availability of the services and facilities involved in the Mattress Factory by me and the above listed students and wards, if any, I hereby agree to the extent allowed by the law, to release, relieve, hold harmless and indemnify the Mattress Factory, and their respective officers, agents, instructors, and employees from all liability claims arising out of any accident or injury suffered or incurred by me or said students or wards while participating in the Mattress Factory Educational Programs.

Further, in case of accident, injury or sudden illness, if the emergency contact or I cannot be reached in an emergency, I hereby grant permission for my student for my student or ward named above to receive all appropriate medical treatment necessary. I authorize any first aid or emergency medical care, which may become necessary for my student or ward while participating in the Mattress Factory Education Program and agree to pay for all costs of treatment. I also authorize that my child or ward be transported to a local medical facility. By executing this document, I hereby assume, on behalf of my student or ward, all risk of injury or loss to which he or she may be exposed.

STUDENT'S NAME: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN (OR STUDENT IF OVER 18): _____