



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"/> Student Application | <input type="checkbox"/> Media Release for Students |
| <input type="checkbox"/> Activity Interest | <input type="checkbox"/> Sign off on Participant Expectations |
| <input type="checkbox"/> Participation Consent/Release Form | <input type="checkbox"/> Doctor's Consent (For patients only) |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Family Orientation attendance |

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 – Los Angeles
811 W 7th Street, Ste 1018
Los Angeles, CA 90017
Phone: (213) 736-2850
Fax: (213) 736-2851
Email: applyLA@coachart.org

CoachArt – San Francisco Bay
1111 Broadway, 3rd Floor
Oakland, CA 94607
Phone: (510) 444-7001
Fax: (510) 444-7008
Email: applySFB@coachart.org

For more information about CoachArt, please visit 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 _____

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 two contacts other than parents/guardians):

Name

Relationship

Phone Number

1. _____

2. _____



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, Circus Art/Trapeze, Ballet, Jazz, Hip Hop, Modern, Tap
Sports	Baseball, Basketball, Tennis, Volleyball, Soccer, Swimming, Martial Arts, Golf, Yoga, Ice Skating
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:

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

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

COMPLETE FOR PATIENT'S ONLY: Diagnosis _____

Date of Diagnosis _____ Hospital Where Treated _____

Are you still receiving medical treatment? Yes No If no, date of last treatment? _____

Medical Specialist Name _____ Type of Specialist _____

Specialist Phone # _____ Specialist Fax # _____

Please list the current medications the patient is taking including any medications prescribed on an as-needed basis. Please attach a separate sheet if more space is needed. Write "none", if the patient does not take medications.

MEDICATIONS	DOSAGE (Do not abbreviate)	FREQUENCY
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

Help us find the best lesson for your child! 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 asks 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 _____



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:** _____



DOCTOR'S CONSENT

(May be completed by patient's specialist, primary physician or primary nurse practitioner)

CoachArt provides free lessons in the arts and athletics to children and adolescents with a chronic and life threatening illness. In order to enroll in our program, students must fill out an application, which includes a form for the authorization for Use/Disclosure of Protected Health Information in compliance with the Health Insurance Portability and Accountability Act. In addition, we ask that this doctor's consent form be signed in which doctors approve of selected activities. Doctor will not be liable for anything that happens during patient participation of our program. We will not enroll the student in any activity prior to the doctor's consent and ask that you fax us the form as soon as possible to enable their participation in a timely manner.

FAMILY: Fill out your child's name, birthdate, diagnosis and check which activities your child is interested in.

Patient Full Name: _____

Date of Birth: _____ Diagnosis: _____

Athletics	Visual Arts	Performing Arts	Culinary and Literary Arts
Basketball	Painting	Dance (specify type) _____	Cooking/Baking
Baseball	Drawing	Theater/Acting	Creative Writing
Soccer	Ceramics	Music (specify type) _____	Digital Arts

DOCTOR: Please list any physical limitations or concerns regarding the activities listed above:

Physician Name _____ Medical Specialty _____

Telephone Number _____ Fax Number _____

Email _____

Physician Signature (X) _____ Date _____

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CoachArt - San Francisco Bay | 1212 Broadway, Suite 710, Oakland, CA 94612 | Tel: 510.444.7001 Fax: 510.444.7008