



# Creative Clubhouse

A Summer Art & Wellness Program for Youth

## Arts Academy

July 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup>

9:00 am to 12:00 pm.

**Must have transportation.**

### Learning Emotional Resilience:

- ❖ Building self-acceptance
- ❖ Improving stress management
- ❖ Building self-esteem
- ❖ Being mindful and focused on the present.
- ❖ Expressing emotions wisely
- ❖ Choose to react to stress in a way that won't harm self or those around.

This project is funded, in part, under a contract with the Pennsylvania Department of Drug and Alcohol Programs with Lehigh and Northampton County Drug and Alcohol Division.





# A Summer Art & Wellness Program for Youth

The Center for Humanistic Change's Creative Clubhouse is an imaginative and education program that will give youth an opportunity to be active participants in exploring their mental and emotional wellbeing, with a focus on managing stress and anxiety, regulating emotions, and building resilience and self-esteem.

I give permission for \_\_\_\_\_ (child's name) to attend the Center for Humanistic Change's summer program Creative Clubhouse from 9:00 a.m.- 12:00 p.m. I will provide transportation to and from AACMS for my student to participate.

### *Participant Information*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender \_\_\_\_\_ School/Grade \_\_\_\_\_

### *Parent/Guardian Information*

Parent/Guardian Name \_\_\_\_\_

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

Phone Number (In case of emergency) \_\_\_\_\_

### **Pick Up and Emergency Contact and Authorized Release Authorization**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_

Mobile # \_\_\_\_\_

### **Release/Disclaimer**

I DO HEREBY ASSUME FULL RESPONSIBILITY FOR ANY AND ALL DAMAGES, INJURIES (INCLUDING DEATH), OR LOSSES THAT MY CHILD MAY SUSTAIN OR INCUR, IF ANY, WHILE ATTENDING, PRACTICING, PARTICIPATING OR WITNESSING IN ANY PROGRAM, SPORT OR PHYSICAL ACTIVITY OCCURRING IN OR ABOUT THE Arts Academy PREMISES OR AT ANY OFFSITE LOCATION. I HEREBY ASSUME FULL RISK, WAIVE ALL CLAIMS AND RELEASE AND HOLD, ITS INSTRUCTORS, OR PARTNERS OF SAID PROGRAM OR EVENT, INDIVIDUALLY OR OTHERWISE, HARMLESS FOR ANY AND ALL CLAIMS FOR INJURIES OR DAMAGES.

I am fully aware and understand that the Center for Humanistic Change does not have on or about the Arts Academy premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my child's participation in and the use of the Arts Academy facilities, I hereby release and covenant not to sue the Center for Humanistic Change, its owners, shareholders, directors, officers, employees, representatives, agents, and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event sponsored by .

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

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