



Sofia Quintero

art and cultural center, inc.

1222 Broadway St. Toledo, OH 43609 419-241-1655

Summer ACA Mentoring Program

(Agriculture, Cuisine or Arts)

Youth ages 13 to 17 can work one on one with our Culinary Artist, Art Coordinator or Agricultural Coordinator to learn, practice and develop skills within the arts, agriculture and cuisine. Youth may receive gift cards or other rewards for attendance, participation, attitude and other areas of improvement. For

questions about the specific area of your choosing please contact:

Agriculture & Arts: Lorenzo Flores / arts.sqacc@gmail.com / 419-699-9980

Cuisine: Veronica Reynaga / eduprograms.sqacc@gmail.com / 567-343-0005

Youth may only choose one program to participate in. Each program is 3 weeks long.

See specific dates/times below:

Please check one program:

_____ Agricultural Mentoring Group #1 - Starts the week of June 20th, 2022 / Mon-Thurs. 9 am to 1 pm

_____ Art Mentoring Group #1 - Starts the week of June 27th, 2022 / Mon-Thurs. 1 pm to 5 pm

_____ Cuisine Mentoring - Starts the week of July 11th, 2022 / Tues-Fri 9 am to 1 pm

_____ Agricultural Mentoring Group #2 - Starts the week of July 11th, 2022 / Mon-Thurs. 9 am to 1 pm

_____ Art Mentoring Group #2 - Starts the week of July 18th, 2022 / Mon-Thurs. 1 pm to 5 pm

Guardian Name _____

Phone _____

Mailing address _____

City _____ State _____ Zip Code _____

Youth Name _____

Sector (please circle ONE only:) Arts Agriculture Cuisine Phone _____

Mailing address _____

City _____ State _____ Zip Code _____

Age _____ Please circle: Male Female

Emergency Contact Name and Phone Number _____

Guardians please initial:

- _____ I understand that participants are responsible for having reliable transportation for the scheduled days/times of the program and that consistent attendance is important.
- _____ It is understood that youth are not employees of SQACC. Youth may receive incentives/rewards such as gift cards, supplies, etc. for outcomes achieved. This is subject to the review of the staff and will be distributed Accordingly.
- _____ I understand that SQACC staff have the right to end participation due to inconsistent attendance, disobedience, inappropriate conduct, etc.

Does the participant have any allergies (food, medical, etc) or medical issues we should be aware of?

HOLD HARMLESS & PHOTO RELEASE

I hereby give my approval to participate in the activity above (registration form attached) at the Sofia Quintero Art and Cultural Center (SQACC). I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I know that participation in said activity may result in serious injuries and protective equipment does not prevent all injuries, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Sofia Quintero Art and Cultural Center Inc., its staff, City of Toledo and all organizations that have a relationship with Sofia Quintero Art and Cultural center Inc. including the organizers, sponsors, participants and persons transporting myself, activity coordinators and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of participants participation for any claim arising out of any injury to myself whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In case of an emergency involving my child, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for myself. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participants and participant's parents/guardian, and/or determination of the participant's ability to continue in the program activities. I agree to return upon request the uniforms and/or other equipment/supplies issued to my child in as good as condition as when it was received, except for normal wear and tear. No refund on fees, unless otherwise noted. Program and Activity rules and regulation must be followed. I understand that my child may be used in photos, cds, and new releases in publications, websites and marketing mediums at SQACC.

Date: _____ Guardian Name: _____

Guardian Signature: _____

This program is made possible thanks to the City of Toledo, Division of Parks, Recreation and Forestry.