

Manchester Craftsmen's Guild Honor Code Agreement

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Manchester Craftsmen's Guild (MCG) Youth & Arts is a center for arts and learning that educates, inspires, and supports positive change among Pittsburgh youth by engaging students and their communities in learning through visual arts. These opportunities are made possible through collaboration with the Pittsburgh Public Schools (PPS) and through generous donations from various grants, foundations, and individuals. The foundation on which Bill Strickland developed MCG 40 years ago, our Apprenticeship Training Program (ATP) courses offer high school students of any background the opportunity to refine their art skills in a safe and productive after-school environment.

MCG is an organization that succeeds based on five core, shared values:

- **Respect** one another
- **Embrace** learning opportunities
- **Listen** with the intent to understand and respond
- **Influence** others in positive ways
- **Shape** solutions to problems



More than a collection of studios, MCG is a community defined by its culture. Our community cannot thrive without mutually respected guidelines that ensure a safe and productive environment where we can all work together. It is imperative that every individual is aware of and assumes responsibility for his/her actions and their effects on others during all related activities regardless of where or when they occur.

The Tenets of the MCG Youth Honor Code

- I will arrive on time, attend regularly, and participate in all course activities.
- I will always receive permission before using a music player, cell phone or other electronic device.
- I will use time productively and work to the best of my ability.
- I will respect personal privacy and property of peers, faculty and staff.
- I will respect tools, equipment, MCG facilities and grounds, and use materials wisely.
- I will socialize in community spaces only during scheduled studio breaks.
- I will respect the Manchester Craftsmen's Guild and Bidwell Training Center environment and others in the building by speaking quietly in hallways and avoiding running or horseplay, etc.
- I will refrain from tobacco, alcohol or drug use and understand that violation of this rule may result in immediate suspension from MCG programs.
- I will avoid eating and drinking in the arts studios.
- I will remain with the class until the bus or my ride has arrived.
- I will always consult an instructor before leaving the group for any reason.
- I will act as a role model by demonstrating MCG's values of respect, embrace, listen, influence, shape.

I understand that participation in MCG programs is a privilege that is earned and maintained through a positive attitude about learning and a genuine desire to be an active member of its community. I know that it is critical to take guidelines seriously and uphold them with diligence and rigor. By signing below I acknowledge my commitment to sustain MCG's culture by adhering to the Honor Code, and I understand that violation of these guidelines may result in suspension from MCG programs.

Student's Name (please print clearly) _____

Student's signature _____ Date _____

Parent or Guardian's signature _____ Date _____

*Please provide the original signed copy of this form to MCG. Contact Student Services if you require a copy for your records.

Parental Consent: Waiver and A/V Release Form

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Dear Parent/Guardian,



In order to participate in MCG Youth programming, we require students and their parent or guardian to acknowledge and commit to MCG Youth's general terms and conditions—stated below—by submitting a signed copy of this form.

1. I give my son/daughter permission to participate in Manchester Craftsmen's Guild Youth programs. MCG's after-school Apprenticeship Training Program (ATP), Artists in Schools (AIS), Summer Studio Intensive and Art Explorers are adjunct-programs to the Pittsburgh Public Schools.
2. I understand that my son/daughter may be working with mechanical equipment and/or chemicals as part of their coursework in ceramic, photography, digital and design arts.
3. I understand MCG often arranges field trips for students as part of their class experience. These trips involve traveling outside the MCG facility and may include overnight stays. All trips will be supervised by MCG staff. Special information including permission slips will be administered for all overnight trips.
4. I understand that photographs and video may be taken during MCG programming, and I understand that these media are important for educational, funding and promotional materials that celebrate and share accomplishments at MCG. Therefore, I give Manchester Craftsmen's Guild my permission to use, in part or whole, the name, picture, performance, photograph and/or taped voice of my son/daughter and I release the program from any monetary compensation or from any and all claims resulting from such use.
5. I understand that in order to learn how well this program is working and to make improvements, professional evaluators will conduct interviews, lead focus groups and administer questionnaires in which your son or daughter's demographic information as well as school attendance data, grades, and test scores may be included. All information will be treated confidentially and students' names will not be revealed when results are reported.
6. I understand that MCG has shared its Honor Code with my son/daughter and that suspension may result if he/she consistently fails to comply with this code of conduct and the rules of the MCG program.
7. I understand that Manchester Craftsmen's Guild cannot be responsible for any of my son/daughter's personal possessions that he/she chooses to bring to MCG programs.
8. I understand that this signed form is a general permission slip that extends to all Manchester Craftsmen's Guild Youth student activities, unless otherwise noted below by me.

Parent/Guardian Name (please print clearly) _____

Parent/Guardian Signature _____ Date _____

Home Address: _____ Home Phone: _____

Student Name (please print clearly) _____

Student Signature _____ Date _____

*Please provide the original signed copy of this form to MCG. Contact Student Services if you require a copy for your records.

Date: _____

Student Information

Last Name		First Name		Birth Date	
Street Address			City		State
Zip Code			Phone		E-mail
Gender: <input type="radio"/> Male		<input type="radio"/> Female			

In the event of an emergency, please notify:

Parent/Guardian

Name		Relationship	
Home Phone	Work Phone	Alternate Phone	

Emergency Contact (1)

Name		Relationship	
Home Phone	Work Phone	Alternate Phone	

Emergency Contact (2)

Name		Relationship	
Home Phone	Work Phone	Alternate Phone	

Physician Contact

My child does not currently have a physician he/she regularly visits

Physician Name	
Phone	Alternate Phone

MCG Staff will **not** administer or provide any medication.

Continued on the back...

Student Medical History

It is extremely important that you provide details about any medical history and existing conditions that may affect your child if he/she requires treatment due to a medical emergency.

Date of last tetanus vaccination: _____

My child experiences the following (check all that apply):

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Migraines

Allergies (please list): _____

Other physical or behavioral conditions that a medical professional handling your child should be aware of (please describe): _____

Please list any medications your child is currently taking (None): _____

Is your child currently under the care of a physician for an ongoing condition? No Yes (please explain): _____

Parent/Guardian Consent

I understand that Manchester Craftsmen's Guild does not have medical professionals on staff, and that MCG teachers or other staff will not administer or provide any medication to my child. I accept that in the event of an incident with my child, MCG will make every effort to get in touch with the emergency contacts in the order they are listed above. If none of these contacts can be reached and/or immediate emergency action must be taken, I hereby authorize MCG to secure all proper and required treatment deemed necessary under the then-existing circumstances to stabilize my child until such time as I can be reached to personally grant consent. ***I understand that the information provided on this form will only be used as needed in the event of an emergency and that my failure to return a signed copy assumes consent.***

(Parent/Guardian Signature): _____ Date: _____