



# Registration Form

Please use one form per child that you enroll.

## TERMS AND CONDITIONS

WAIVER (Your signature below is in recognition that you have read and understood the following.) On behalf of my child, I accept and assume any and all risks associated with his/her attendance and participation in the camp and its activities. I understand my child should not attend the program if he/she is not healthy either physically, mentally or otherwise. I understand that my child must abide by program rules and the instructions of the program staff. I agree that if my child is dismissed from the program, no part of my fee will be refunded. I understand that no reduction in the fee will be made for late arrival, early departure, vacations, illness or injury. In the event that the holder of this contract is required to turn this matter over to an attorney for collection, I understand that I will be liable to the holder hereof for attorney's fees and costs of suit. Permission is hereby granted for my child to be transported to and from program and for any field trips or off-site activities that might be included in his/her specific program. In addition, I hereby grant permission for my child to participate in all swimming and horseback-riding activities that are scheduled for his/her specific program. If I cannot be contacted in an emergency, I hereby grant Chosen Media, Inc., and The Learn 2 Film Program permission to give immediate treatment and/or take my child to a hospital emergency room. Permission is hereby granted for photographs and/or videos and sound recordings to be taken of my child at camp and Chosen Media, Inc. and the The Learn 2 Film Program has the right to utilize these images and recordings in brochures, videos, slideshows, Web site, and other program materials and promotions material. Knowing these facts, and in consideration of your accepting my child's application, I, or anyone acting on my child's behalf, agree that neither Chosen Media, Inc. nor the Learn 2 Film Program are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the program. In accordance with this agreement, I promise not to sue, and I release Chosen Media, Inc., the Learn 2 Film Program, program affiliates and anyone working on their behalf from all claims of liability or expenses of any kind relating to my child's participation in the Learn 2 Film Program.

(Circle and complete only if your child has permission to create a YouTube channel)

I give permission for my child, \_\_\_\_\_, to create a YouTube channel. By agreeing to do so, I agree to set up the account and send the required credentials and login procedures necessary for my child to access YouTube and upload videos that they create, produce and participate in while in the Learn 2 Film Program.

## PARTICIPANT INFORMATION

Name: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_  male  female (circle one)  
 School: \_\_\_\_\_ Grade as of 2017: \_\_\_\_\_  
 Shirt Size: Youth  SM  MED  LG    Adult  SM  MED  LG  XL

## PARENT/GUARDIAN NO. 1 INFORMATION (THIS PARENT IS RESPONSIBLE FOR BILLING)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## PARENT/GUARDIAN NO. 2 INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL DEADLINES AND TERMS SET FORTH ON THE APPLICATION.

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

Please scan and email the form to: calvin@chosenmedia.com. Bring the original with you on the 1st day of the program.