

# 2017 YOUNG FILMMAKERS CAMP APPLICATION

Please use one form per child that you enroll.



## TERMS AND CONDITIONS

A \$75 registration fee is due with the submission of this application. The balance is due by May 15, 2017. If you have to cancel for ANY reason before May 15, 2017, you will receive a refund of payment, minus the \$35 registration fee. There are no refunds offered for any reason after June 1, 2017. There will be a \$50 fee for all returned checks. The Young FilmMakers Camp will be closed Tuesday, July 4th.

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 camp if he/she is not healthy either physically, mentally or otherwise. I understand that my child must abide by camp rules and the instructions of the camp staff. I agree that if my child is dismissed from the camp, 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 camp 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 Young FilmMakers Camp 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 Young FilmMakers Camp has the right to utilize these images and recordings in brochures, videos, slideshows, Web site, and other camp 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 Young FilmMakers Camp are responsible for accidents, injuries, and/or medical or dental expenses arising from my child's participation in the camp. In accordance with this agreement, I promise not to sue, and I release Chosen Media, Inc., the Young FilmMakers Camp, camp 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 Young FilmMakers Camp.

## CAMPER INFORMATION

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ male female (circle one)  
School: \_\_\_\_\_ Grade as of 2015: \_\_\_\_\_  
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: [register@youngfilmmakerscamp.com](mailto:register@youngfilmmakerscamp.com) or FAX: 1.801.846.1027