

Participant Registration Form
(Please print clearly!)

Name of Applicant: _____

Address: _____

Home Tel: _____ Parent/Guardian Email: _____

School: _____ Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Tel (day): _____ (evening) _____

How did you hear about the camp? _____

Financial Assistance:

Do you require a financial assistance for the YCA program? Yes _____ No _____

Amount requested _____ Number of applicants _____

For more information please contact Dagny Thompson at 461-531-1769 or dagny@planetinfocus.org.

Additional information:

- **Applications** must be filled out in full. Applicants under 18 years of age must have a parent/guardian sign for permission. Application to the program is on a first-come, first-served basis.
- **Payment** can be made by cheque, credit card, or in person by cash (do not mail cash).
- **Fee: \$250.00 for two weeks.** Program fee and application are due by Monday, July 19, 2010. Please make cheques out to: Planet in Focus
- **Dates of camp:** Monday, August 9, 2010 to Friday, August 20, 2010 10:00am – 5:00pm Mondays to Fridays.
- **Where:** Week one location is TBD (downtown Toronto location); Week two at Charles Street Video (65 Bellwoods Ave, Toronto)

Registration forms can be sent by mail or email to: Planet in Focus: Youth, Camera, Action!
Distillery District, 55 Mill Street, Building 74, Suite 402, Toronto, ON M5A 3C4
Tel 416-531-1769

For application submission and inquiries email Dagny Thompson at dagny@planetinfocus.org

Payment Options

MasterCard Visa Cheque Cash

Card number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ Name on Card: _____

Payment amount \$ _____ No. of Participants _____

Signature: _____ Date: _____

Youth Camera Action 2010 Release Form

Dear Parent/Guardian,

We are pleased that your child has expressed interest in this unique summer camp. This document outlines the Youth Camera Action (YCA) policies that must be agreed to in full before we can confirm the participant's place in the program. If you have any questions about these policies please contact Dagny Thompson at dagny@planetinfofocus.org or 416-531-1769.

Education and Publicity

I hereby:

- 1) grant Planet in Focus the right to use the participant's full name, biography, video image, photographic likeness or audio recording from YCA activities for Planet in Focus/YCA marketing and educational purposes.
- 2) acknowledge that Planet in Focus has exclusive rights to videos and works created by the participants for educational and publicity purposes and may broadcast, distribute, promote, edit, remix and modify the video productions and use them throughout the world in perpetuity and on whatever media is now known or hereafter devised, and the participant waives all rights therein.

Health

I hereby:

- acknowledge that Planet in Focus and YCA cannot guarantee an allergy-free environment including, but not exclusive to, nuts.
- acknowledge that due to resource limitations Planet in Focus and YCA cannot apportion additional supervision to any one participant. I guarantee that this participant will be fully independent and functional within the structure of YCA. Should the participant require the assistance of an additional person, such a person will be provided by myself and is not the responsibility of Planet in Focus or YCA.
- acknowledge that should a participant's mental, physical or behavioural limitations interfere with the teaching process or hinder the experience of YCA for other participants that Planet in Focus has the right to remove this participant from the camp without compensation.
- give permission and full authority to the Planet in Focus/Youth, Camera, Action! staff, coordinators and instructors to act on behalf of the parent(s) to obtain for the participant any medically necessary service, including attention at a local hospital. A parent/guardian will only be contacted with a health issue at the discretion of the Planet in Focus/Youth, Camera, Action! coordinators or instructors. It is also understood that your child will dispense and administer his/her own medication while at Planet in Focus/Youth, Camera, Action!, except in the case of medication being recommended or prescribed by a health care professional due to medical emergency.
- give Planet in Focus/Youth, Camera, Action! permission to share information and receive information on my child's behalf from and with appropriate health care providers in order to obtain/provide necessary medical care. This includes my child's physician and physicians and nurses in the local hospital/medical centre.
- understand and agree that the medical information contained in this form will be accessible to the Planet in Focus/Youth, Camera, Action! coordinators and instructors. The information may be selectively shared at the discretion of the coordinators and instructors so that appropriate health care can be provided, both in an emergency and on an occasional basis at Youth, Camera, Action!
- acknowledge that cigarettes, alcohol, and drugs are absolutely forbidden throughout the duration of the program. Use of any of these will result in the participant being sent home without a refund of fees.

Release

I hereby:

- release Planet in Focus from any and all claims, demands and liability whatsoever which the participant or I might otherwise have in copyright, defamation, privacy, nuisance, or for any other cause, matter, or thing whatsoever arising out of the participant's participation in this program, or the distribution and/or use of the video work(s) credited to with which the participant was involved in the course of this program; and acknowledge and agree that any video produced at YCA, including the one created in whole or in part by this participant is owned in full by Planet in Focus and the participant hereby waives any copyright, moral rights or other intellectual property rights in the work.

Liability

I hereby authorize and grant permission for this participant to attend the Planet in Focus/Youth Camera Action workshop from August 9–20, 2010 in Toronto, Ontario (excluding weekends) and participate in any production shoots or field trips planned by YCA. These trips may include transportation provided by public transit, private vehicles, chartered buses or vans or any other vehicles operated by Planet in Focus.

I hereby acknowledge that my signature indicates that both parent/guardian and the participant have read and adhere to the above. (At least one legal Parent or Guardian must sign below, in addition to the participant, if the participant is under 18 years of age.)

Participant Name: _____

Participant Signature:

Date:

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:

Lunch Break Release (Please authorize only one):

I **grant** permission to _____ (participant's name) to leave the YCA camp site during the lunch hour daily to eat his/her lunch and understand that Planet in Focus and YCA, their directors, officers, employees, agents, contract workers, representatives, instructors and volunteers are free from any and all claims or liability from personal injury, death, damage or property loss of any kind whether arising by reason of negligence or otherwise.

Parent/Guardian signature:

Date:

I **DO NOT grant** permission to _____ (participant's name) to leave the YCA camp site during the lunch hour daily to eat his/her lunch. Should the participant leave against my wishes, I release Planet in Focus and YCA, their directors, officers, employees, agents, contract workers, representatives, instructors and volunteers are free from any and all claims or liability from personal injury, death, damage or property loss of any kind whether arising by reason of negligence or otherwise.

Parent/Guardian signature:

Date:

Pick up/Drop Off

_____ (parent/guardian name) will be dropping off and picking up the participant daily.

OR

I give permission to _____ (participant's name) to sign him/herself in and out daily.

Health and Medical Emergency Information

Name of Participant: _____

Participant Birthdate: (dd/mm/yyyy) ___/___/_____ Age: _____ Grade: _____

Participant Address: _____

Participant's OHIP # _____

Name of Parent/Guardian: _____

Parent/Guardian Tel:(H) _____ (W) _____ (C) _____

Relationship to participant: _____

Participant Medical History

Major illnesses, allergies or other conditions: _____

I am clearly aware that Youth, Camera, Action! is **not** a nut-free environment (please initial to confirm acknowledgment): _____

Other concerns (emotional, behavioural, psychological, dietary):

Daily Medications (name, dosage, time of administration):

My signature on this form indicates that all the information I have provided is correct and that I agree to above conditions of Youth, Camera, Action!:

Parent/Guardian Name: _____

Parent/Guardian signature: _____ Date: _____

Emergency Contact Information:

Name of Participant: _____

Name of Emergency Contact: _____

Relationship to Participant: _____

Day Tel: _____ Work Tel: _____ Cell Tel: _____

Name of Alternative Emergency Contact: _____

Relationship to participant: _____

Day Tel: _____ Work Tel: _____ Cell Tel: _____