

FCTV Kids Video Workshop Enrollment Application
Parent's or Guardian's Agreement – Please Read Carefully
Application must be Signed in Order to Proceed

1. I hereby certify that my child is in normal health & I will inform you of any significant health changes prior to the child-student attending the video workshop.
2. After a place in the workshop has been reserved, there will be no refund of the registration fee unless the workshop is cancelled.
3. It is expressly understood & agreed that, if the child-student leaves the Falmouth Community Television facility without the express permission of FCTV 13 Video Workshop Staff, if the student damages Equipment or defaces FCTV Facilities, or if the student's conduct or influence is inimical to the best interests of the FCTV Kids Video Workshop, the child may be dismissed at the Sole discretion of the FCTV 13 Video Workshop Staff with no refund or reduction of fee. The child agrees not to smoke, drink alcoholic beverages, possess firearms and or use illegal drugs or paraphernalia.
4. No deduction/refund will be given for entering a workshop late or leaving early.
5. It is agreed that I shall pay any extra expenses for emergency service beyond that furnished by the Workshop & Accidental Health Insurance. Any dental, orthodontic or optical work will be billed to the parent.
6. The workshop has my permission to use any photos or videos of Camp Activities in which my child may appear in the interpretation of its training program to the community and for the telecast of the workshop members' finished TV Program.
7. In exchange for my child attending this kids workshop and other valuable consideration, I agree to indemnify and hold harmless FCTV, its officers, agents & employees from any liability and damages.

(Parent's/Guardian's Signature)

(Print Parent's/Guardian's Name)

(Date)

FCTV Kids Video Workshop Consent

Name of Minor: _____

Birth date of Minor: ____/____/____ SSN: ____-____-____

MEDICAL INFORMATION

Insurance Company:

Policy # or Group #:

Parent's Social Security #:

Allergic Reactions:

Medication presently taking:

Date of last tetanus toxoid:

Past Illnesses or other information useful if treatment is necessary:

Please Check one of the following options & sign:

_____ I grant permission to the FCTV 13 Video Workshop Staff, assistants, and other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such a treatment as deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse.)

_____ I authorize limited care as follows:

I _____, declare that I am the Father/Mother/Guardian of the above named minor. (circle correct title)
(Print full name of parent/guardian)

(Signature of Parent/Guardian)

Date

Page 3 of 5 Important: Application will NOT be processed without a completed consent form.

Falmouth Community Television, Inc.
Parental Permission Form

Minor's Name(Print): _____

As the parent/guardian of the above named minor, I hereby give my permission for him/her to use the equipment and facilities of Falmouth Community Television, Inc. The above named minor may participate in community television productions which take place (please check each permissible location) either in the studio _____ and/or in the field _____.

In cases where the above named minor wishes to request facility or equipment use, I will sign all relevant forms accepting responsibility for the equipment and facilities.

I agree to indemnify and hold harmless Falmouth Community Television, Inc. from any liability while the above named minor is using equipment or facilities.

My Child will be participating in (circle Workshop child is entering):

Workshop #1: July 17-20 **3pm-5pm** Workshop #2 July 24-27 **3pm-5pm**

Digital Story Telling Workshop #3 July 31-August 3 **3pm-5pm**

Parent/Guardian's Signature: _____

Print Name: _____ Date: _____

Address: _____

Phone Number: (____) _____

In Case of Emergency, please notify: _____

(FOR STAFF USE ONLY)

Staff Signature: _____ Date: _____