



FCTV Youth Program Enrollment Application

Name of Child: _____
(Last) (First)

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Age: _____ Grade: _____

With whom does the student live? _____

Parent's Status: (circle) Single Married Divorced Separated Widow/Widower

EMERGENCY CONTACTS:

Name: _____ Home Phone: _____ Cell: _____

Email: _____ Business Phone: _____

Relationship to Child: _____

Any Known Medical Issues: _____

Allergies/Allergic Reactions: _____

Medication Presently Taking: _____

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

(Signature of Parent/Guardian)

Date



**Parent or Guardian’s Agreement - Please Read Carefully
Application Must Be Signed in Order to Proceed**

I hereby certify that my child is in normal health and I will inform you of any significant health changes prior to my child attending the Youth Program.

After a place in the Youth Program has been reserved, there will be no refund of the registration fee unless the Youth Program is cancelled.

It is expressly understood and agreed that: if my child leaves the Falmouth Community Television (FCTV) facility without the express permission of FCTV staff, if my child damages equipment or defaces FCTV facilities; or if my child’s conduct or influence is inimical to the best interests of the FCTV Youth Program; my child may be dismissed at the sole discretion of the FCTV staff with no refund or reduction of fee. My child agrees not to smoke, drink alcoholic beverages, possess firearms or other weapons, or use illegal drugs or paraphernalia.

No deduction/refund will be given for entering a Youth Program late or leaving early.

It is agreed that I shall pay any expenses for emergency services.

The Youth Program has my permission to use any photos or videos of Youth Program activities in which my child may appear in the interpretation of its training program to the community and for the telecast of the Youth Program members’ finished program.

In exchange for my child attending this Youth Program and other valuable consideration, I agree to indemnify and hold harmless FCTV, its officers, agents and employees from any liability and damages.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date



Falmouth Community Television

Talent Release Form

Participant: _____

Production: FCTV Youth Producers

Production Location: Falmouth Community Television Production Date: 2017-18

Producer: FCTV

I will be participating/have participated in the above program which I understand may be produced and recorded for duplication and distribution throughout the United States and abroad.

I agree that insofar as I am concerned, this program material may be edited as desired and used in whole or in part for cablecasting, Internet streaming or webcasting purposes, for audio and/or visual, recorded, and closed circuit exhibition purposes, and all other purposes in any matter or media. I consent to publication of the program transcript in whole or in part and to the use of my name, likeness, and voice in connection with program publicity and for institutional promotional purposes. I also release the producer and Falmouth Community Television from any privacy, defamation or other claims I may have arising out of the recording, reproduction, cablecasting, broadcasting, Internet streaming, webcasting viewing, exhibition, publication, or other distribution and promotion of this program material.

Signature: _____

Date: _____

Print Name: _____

Address: _____

Phone #: _____

I, the parent/guardian of the minor who has signed the above Talent Release Form, hereby agree that we shall both be bound thereby.

Signature: _____

Date: _____

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 either in the studio _____ and/or in the field _____ (please check each permissible location).

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.

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

Address: _____

Phone Number: (_____) _____

In Case of Emergency, please notify: _____

Additional persons who may pick up child/children:

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Any person(s) NOT authorized to pick up my child/children:

Note: Any person unfamiliar to FCTV staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

----- (FOR STAFF USE ONLY) -----

Staff Signature: _____ Date: _____

