

MY PLACE | MY STORY

VISUAL STORYTELLING WORKSHOP

Monday, Feb. 20 – Friday, Feb. 24

Community Education Center
Maker-Media
931 C Street, Novato CA 94949

Lunch & Snacks provided

REGISTRATION FORM (please print clearly)

Name _____ Age _____

Ethnicity (optional) _____

School _____

Referred by _____

Address _____

City _____ Zip _____

Email _____

Home Phone _____ Cell _____

Parent (or Guardian) permission – Please sign below

Have you participated in California Film Institute Education programs before?

Yes ___ No ___ (please check one)

If yes, which program(s) ? _____

MY PLACE | MY STORY

MEDIA RELEASE & EMERGENCY CONTACT INFO.

MEDIA RELEASE

I agree and understand that I waive any rights that the participant may have in any film, video or other recording which may be made while the participant is involved in the program. I also agree and understand that I am signing this waiver transferring and all materials produced to the California Film Institute and the Mill Valley Film Festival as part of the participant's acceptance in this program. I know and understand the contents of this release.

APPLICANT'S NAME

SIGNATURE OR PARENT OR GUARDIAN

NAME OF PARENT OR GUARDIAN (please print)

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT / RELATIONSHIP TO STUDENT

NAME OF FAMILY DOCTOR

DOCTOR CONTACT NUMBER

HEALTH INSURANCE PROVIDER

MEDICAL #

PREFERRED HOSPITAL

ARE THERE ANY HEALTH PROBLEMS THAT WE SHOULD KNOW ABOUT? (please print)
