MY PLACE | MY STORY

FREE FILMMAKING WORKSHOP FOR TEENS

APRIL 10-14

ALL GIRLS SESSION!

MLC Makerspace - Digital Media Studio Hamilton Field, 931 C Street, Novato CA 94949 10am-5pm | 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 belo	
Have you participated in California Film Institute E	
Yes No (please check one)	
If yes, which program(s) ?	

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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 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)
ENERGENCY CONTACT INFORMATIO	N
EMERGENCY CONTACT / RELATIONSHIP TO S	TUDENT
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)