

## registration form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Age (must be at least 10 years by date of program) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Relationship to Registrant \_\_\_\_\_

May Kid Filmmakers use your child's image in our promotional materials? \_\_\_\_\_

### CHOOSE A PROGRAM:

(New Registrant)

Animation Vacation—*Portsmouth*

Summer Shoot—*Tilton*

Summer Shoot—*Portsmouth*

(All Others)

Animation Vacation—*Portsmouth*

Summer Shoot—*Tilton*

Summer Shoot—*Portsmouth*

### METHOD OF PAYMENT:

check

money order

PayPal

credit card

Visa  MasterCard

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

\$ \_\_\_\_\_ Amount Enclosed

*Please refer to the Tuition chart to ensure correct amount is enclosed.*

**(over)**

### MEDICAL INFORMATION:

Name of authorized adult(s) other than self to pick up student (needs I.D.): \_\_\_\_\_

Please list any details of which Kid Filmmakers staff should be aware that might make student's experience more comfortable: \_\_\_\_\_

Health Insurance Plan type and #: \_\_\_\_\_

Is student receiving any medication? \_\_\_\_ If yes, please explain: \_\_\_\_\_

Does student have any *medical* or *behavioral* conditions of which Kid Filmmakers facilitators should be aware? \_\_\_\_ If yes, please explain: \_\_\_\_\_

Please list any allergies including food, insects and drugs: \_\_\_\_\_

Has the student been recently hospitalized for any reason? \_\_\_\_\_

Name and phone # of primary physician: \_\_\_\_\_

If emergency treatment is required, I give permission to the Kid Filmmakers staff to furnish medical care to \_\_\_\_\_

In case of an emergency, the Kid Filmmakers staff will make every effort to contact the parents or guardians. Kid Filmmakers is not responsible for any debt incurred while medically caring for a student. I, the undersigned, declare that I am parent or legal guardian to above student. I agree that all of the above information is true to the best of my knowledge.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

### KID FILMMAKERS POLICY:

To reserve a space for my child at this Kid Filmmakers summer program, I acknowledge that payment in full is due with this registration and is nonrefundable unless the space is subsequently filled. There is a \$30.00 fee for returned checks. I understand that the purpose of this program is to teach the craft of filmmaking and that Kid Filmmakers does not tolerate running, fighting, bullying, profanity, food throwing or disrespect toward the facilities or any individuals. Should inappropriate behavior occur, I understand that Kid Filmmakers may dismiss my child from the program and that no refunds will be issued in such case. Should property damage be caused by my child in a malicious manner, I shall be held liable. I understand that Kid Filmmakers reserves the right to reschedule or cancel dates, times, locations, instructors, subject matter and activities without notice. I further acknowledge that Kid Filmmakers is not liable in the event of property loss or destruction. I understand that the program ends at 4PM daily and the latest pickup time is 4:30 PM. In the event that I am late picking up my child, I agree to pay Kid Filmmakers a Late Pickup Fee of \$5.00 per child for every 5 minutes I am late, with the fee due and payable at the time I pick up my child.

Signature of Parent/Guardian \_\_\_\_\_

**Submit registration form and fees (made payable to Austen Sharp LLC) to: KID FILMMAKERS, P.O. Box 12, Newport, RI 02840-0001. Upon acceptance, a confirmation letter will be sent with further details.**



# KID FILMMAKERS

**Summer 2009  
New Hampshire**

acting  
animation  
comedy  
directing  
documentary  
drama  
editing  
film scoring  
film makeup  
screenwriting  
videography

**603-534-3934**  
[www.kidfilmmakers.com](http://www.kidfilmmakers.com)