



DEK PRODUCTIONS

PAWHUSKA FILM SCHOOL CAMP

2018 APPLICATION

TEEN FILM CAMP AGES 14 - 19

General Information

LAST NAME	FIRST NAME	
ADDRESS	CITY	STATE/ZIP CODE
PRIMARY PHONE	SECONDARY PHONE	
EMAIL	CITIZENSHIP	
MALE/FEMALE	DATE OF BIRTH	AGE
PARENT/GAURDIAN	RELATIONSHIP	PHONE
EMAIL		
SECONDARY EMERGENCY CONTACT	RELATIONSHIP	PHONE
20172018 SCHOOL NAME	2017-2018 SCHOOL GRADE	

How did you hear about Pawhuska Film School Camp? _____

Please tell us why you would like to attend one of our camps: _____

DEK Productions reserves the right to use a student's name, likeness, and creative works in brochures, advertising, the web, and any other promotional or educational purpose. As we restrict the number of students attending our workshops, we suggest early application.

All dates, locations, curriculum, and tuition are subject to change. It is recommended that all applicants secure travel and tuition insurance, where applicable.

We have designed our program to deliver appropriate learning across a range of disciplines. Although we will take reasonable steps to warn students of potentially distressing program material, we make no apology for such program material, as we believe the material in question is an important part of learning experience. You agree to discuss any concerns you may have with us in advance.

All workshops are solely owned and operated by the DEK Productions. The purpose of all DEK Productions Film Camp's, is to give participants the opportunity to expand their creative horizons through the visual and performing arts. Students must abide by all rules and regulations set forth by the DEK Productions, its staff, counselors and teaching assistants. Students who do not observe such rules may be told to leave the camp, and no refunds will be granted. Drugs and alcohol are strictly prohibited. Students found with drugs and/or alcohol in their possession will be expelled, without exception. Expelled students will not receive refunds of any kind.

I acknowledge that I have read, understand and agree to the above Terms and Conditions for enrollment in DEK Productions Film Camp.

Youth Signature

Date

Parent/Guardian Signature

Date

Parental/Guardian

Release/Permission

I, _____, hereby grant to **DEK Productions**, their successors, and their assignees the right to record the image and/or voice and use the artwork and/or written work of my child, _____, on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion.

I understand that my child's full name, address and biographical information will not be made public. I further grant **DEK Productions**, their successors, and their assignees the right to use, and to allow others to use, my child's image and/or voice on the Internet, in brochures, and in any other medium and hereby consent to such use.

I hereby release **DEK Productions**, their successors, and their assignees and any using my child's image and/or voice, artwork, and/or written work pursuant to this media release form any and all claims, damages, liabilities, costs and expenses which I or my child now have or may hereafter have by reason of any use thereof.

I understand that the provisions of this release are legally binding. Please check one:

I consent. _____

I do not consent. _____

Print Name of Parent/Guardian: _____ Parent/Guardian

Signature: _____

Date: _____

Student' Name: _____

Student's School: _____

Student's Grade: _____

DEK Productions Film Camp

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Primary Address: _____

Secondary Address: _____

Youth Email _____

Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Primary-Parent/Guardian

Name _____

Email _____

List all Names of Parents and or Guardians

Name _____ Contact # _____

Name _____ Contact # _____

Name _____ Contact # _____

Name _____ Contact # _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child

_____ (child's name)("Participant"), to attend and participate in DEK Productions Film Camp.

Parent/Guardian Signature

Date

MEDICAL INFORMATION

YOUTH INFORMATION *(Please Print)*

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached:

Name: _____ Contact # _____

Name: _____ Contact # _____

Name: _____ Contact # _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____

MEDICATION:

List all medications, vitamins, herbal supplements the youth is taking.

Medication Name	Dose	Treatment for
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_____	_____	_____
_____	_____	_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.