



Teen Video Production

**In Association With
Creative Exposure Consulting
McPhail Productions**

Focus	Process
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); border: 1px solid black; padding: 5px; margin-right: 10px;">Teen Video Production</div> <div style="border: 1px solid black; padding: 5px; width: 100px;">Principles</div> <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 10px;">Prepartion</div> <div style="border: 1px solid black; padding: 5px; width: 100px; margin-top: 10px;">Application</div> </div>	<div style="text-align: center;"> <p>Afternoon Sessions → Morning Sessions Morning Sessions → Lunch & Snacks Lunch & Snacks → Afternoon Sessions</p> </div>
<p><i>Tools of the Trade</i></p>	<p><i>Strategies That Can Make This School Year A Box Office Hit</i></p>

Minimum \$10.00 Donation Per Student

July 31 thru August 4, 2017

Teen Video Production Camp Application & Enrollment

Applicant Information

Application Date (mm/dd/yyyy) Birth Date (mm/dd/yyyy)

Child's Name (last, first, middle initial)

Child's Nickname Gender Age

Home Address (Street Address, City, State and Zip Code)

() Home Telephone Number Child's Primary Language

School Attending

() () Mother's Cell Telephone Number Father's Cell Telephone Number

Mother's Email Address Father's Email Address

() Father's Name/Home Address/Telephone Number, If different from child's

() Place of Employment/Address of Employment/Business Number with extension

() Mother's Name/Home Address/Telephone Number, If different from child's

() Place of Employment/Address of Employment/Business Number with extension

PERSONAL STATEMENT

(As a candidate for the Teen Video Production Camp, please state 1-why you should be chosen, 2- what your personal goals are for the year and 3- what you will be doing during the summer if you are not chosen.)

Multiple horizontal lines for writing the personal statement.

Please list your areas of strenghts and weaknesses

STRENGHTS	WEAKNESSES
1-	1-
2-	2-
3-	3-

Pick up/Drop off Authorizations: My child may be released to the person(s) signing this agreement or to the following:

Name	Address (include complete street address, city, state and zip code)	Telephone

Emergency Contacts: Persons to contact in case of an emergency when parents cannot be reached. These people are authorized to make medical decisions concerning my child.

Name	Address (include complete street address, city, state and zip code)	Telephone

_____ (_____) _____
 Pediatrician or child's primary health care source name Telephone number
 _____ (_____) _____

Dentist name Telephone number

Does your child have any allergies or food restrictions? _____ If yes, please describe and attach care plan: _____

Does your child have any diagnosed special needs, medical or mental conditions? _____ If yes, please describe: _____

Are your child's activities restricted by any special needs, developmental disabilities, medical or other conditions? _____ If yes, please describe: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center. (circle one) **NONE YES**

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns unmentioned above: (circle one) **NONE YES**

Other Helpful Information: _____

Medical Insurance Information

Insurance Carrier _____ Insured's Name _____

Primary Care Physician Name _____ Telephone (_____) _____

ID or Policy # _____ Member Service Number (_____) _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ suffer an injury or illness while in the

Child's Name

Date of Birth

care of Useful Ministries, Inc. and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I/We can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Permission is granted to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child. I agree to accept the financial responsibility for all medical and transportation expenses incurred.

 Signature of Parent/Guardian (on behalf of both parents/guardians) Date (mm/dd/yyyy) Telephone

FAMILY AGREEMENT

PLEASE CHECK ALL THAT APPLY: The center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

1. **TRANSPORTATION:** I hereby give do not give – consent for my child to be transported and supervised by the operation's employees. for emergency care

2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities: sprinkler play splashing/wading pools swimming pools water table play

4. **VIDEO/PHOTOGRAPHY:** I give permission for my child to be photographed and videotaped for use by or on behalf of the facility for educational, training, curriculum, marketing and similar purposes. Yes No

5. **DAYS/HOURS:** Useful Ministries, Inc. agrees to provide camp/day care for my child on:
Monday thur Friday July 31, 2017 – August 4, 2017 from _____ a.m. to _____ p.m.

6. **MEDICATION AUTHORIZATION:** Before any medication is dispensed to my child, I will provide a written authorization, which includes: date, name of child, name of medication, prescription number, if any; dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

7. **RELEASE OF USEFUL MINISTRIES, INC..** In consideration of the registration of my child, I release Useful Ministries, Inc. and those in association, and their related companies, directors, officers, employees and agents, from any claims, losses, damages or costs (including attorneys' fees) caused by or arising from my child's registration, use of the Center, or participation in the programs and activities conducted by Useful Ministries, Inc. other than to the extent caused by the negligent or willful misconduct of Useful Ministries, Inc. and their related companies, directors, officers, employees and agents.

RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I (we) acknowledge and agree ministry's operational policies including those for discipline and guidance.

Signature (Parent/Guardian) _____ Date _____

Signature (Parent/Guardian) _____ Date _____