

DIGIQUEST 2012 REGISTRATION FORM**Participant Information:**

Name of Participant (Please Print Plainly. One Participant Per Form)	Age
Address	
City, State, Zip	
Phone	Email
School	Grade

Please register me for the following sessions: (Check on the mark)

TV STUDIO PRODUCTION	ADVANCED ANIMATION & SPECIAL EFFECTS	ADVANCED TV STUDIO FOR HIGH SCHOOL
Ses. 1: June 18 - June 22 ___	Ses. 1: July 23 – July 27 ___	Ses. 1: July 30 – August 3 ___
Ses. 2: June 25 – June 29 ___	Ses.2: July 30 – August 3 ___	
Ses. 3: July 9 – July 13 ___		
Ses. 4: July 16 – July 20 ___		

All sessions run from 9:30 am – 3:30 pm.

Bring your own lunch. Snacks, juice and bottled water will be provided.

Parent/Gaurdian Information:

Name of Parent or Guardian of Participant (Please Print Plainly)	
Address	
City, State, Zip	
Contact Phone During Camp	Email
Signature of Parent or Guardian	

Tuition for All Workshops is \$450.

- ___ **10% off for multiple weeks** (\$450 for 1st week; \$405 for each additional week)
 ___ **10% off for multiple family members** (\$450 for first camper, \$405 for each sibling)

Early Bird Registration: Register by March 1, 2012 to receive a 5% Discount on your total!

Total Amount: _____	Date: _____
Method of Payment: ___ Check (made payable to: "Media Center") Check #: _____	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
(Circle One) Credit Card # _____	Expiration Date _____
Card Holder's Name _____	Complete Credit Card Billing Address (No P.O. Boxes) _____
Card Holder's Signature _____	City, State, Zip _____

Please tell us how you found out about Digiquest:

- | | |
|--|---|
| <input type="checkbox"/> Media Center Website | <input type="checkbox"/> Print Ad (where?) _____ |
| <input type="checkbox"/> Media Center TV Promo | <input type="checkbox"/> Email Notice (<i>From Whom?</i>) _____ |
| <input type="checkbox"/> Internet (<i>Which Site?</i>) | <input type="checkbox"/> Enjoy! Magazine |
| <input type="checkbox"/> Word-of-Mouth | <input type="checkbox"/> Other: _____ |

Digiquest Fee Payment and Cancellation Policy:

The full fee of \$450 (less applicable discount for multiple sessions or sibling sign-up) confirms your registration.

- If you cancel up to four weeks before the session begins, we will refund 85% of the fee.
- If you cancel between two and four weeks before session begins, we will refund 50% of the fee.
- If you cancel less than two weeks before the session begins, there is no refund.

***Written notice may be sent to:**

Email: Brad@midpenmedia.org
Fax: (650) 494-8386
Mail: Brad Sanzenbacher,
Youth Services Coordinator
The Media Center
900 San Antonio Road
Palo Alto, CA 94303

Other Important Information:

- We reserve the right to cancel a session if enrollment is insufficient. In this instance, any fee paid will be refunded in full.
- The Media Center is not responsible for any lost, damaged or stolen personal belongings.

HEALTH & EMERGENCY INFORMATION

Child's Name:				
If your child has any food allergies, please list them below:		If your child takes daily medications that must be taken during camp hours, Please contact Brad Sanzenbacher At brad@midpenmedia.org Or 650-494-8686 x39		
Does your Child suffer from the following conditions? Check all that apply.				
Asthma ___	Seizures ___	Migraines___	Diabetes ___	Separation Anxiety ___
Does your child carry any of the following medical devices?				
Inhaler ___	EpiPen ___	Blood Glucose Meter ___	Other ___	
Would you like to be notified if these devices are used? YES___ NO ___				

Emergency Contacts: (list in order of priority)

1. Name: _____ Phone 1: _____ Phone 2: _____
 2. Name: _____ Phone 1: _____ Phone 2: _____
 3. Name: _____ Phone 1: _____ Phone 2: _____

Ambulance Authorization

In the event of an emergency, I, _____, authorize the Media Center to call an Ambulance for the transport or treatment of my child, and understand that I (the undersigned) am responsible for the costs incurred during such treatment.

Signature _____

Sign In & Out Permission (for adults other than parent or legal guardians listed above)

The following adults have permission to pick up and/or sign my child in or out from this Media Center Camp:

1. Name: _____ Phone: _____ Relationship: _____
 2. Name: _____ Phone: _____ Relationship: _____

PHOTO/VIDEO RELEASE

Authorization is hereby given to the Media Center to use photographs and videos taken of me and/or my children in classes or camps offered by the Media Center. Photos may be used for publication including newsletters, press media, website, flyers, and brochures. Videos may be broadcasted on the Media Center's access channels.

Child's Name: _____ Parent Signature: _____

**MIDPENINSULA COMMUNITY MEDIA CENTER
RELEASE AND INDEMNITY AGREEMENT**

All programs offered at the Midpeninsula Community Media Center (“**Media Center**”) facilities require the signature of each adult participant, or the parent or guardian of each minor participant.

I hereby acknowledge that my participation in the programs offered at the Media Center facilities, may bring me into contact with or involve my operating studio facilities, equipment and other resources, including but not limited to, cables, ladders, lights and electrical equipment. I understand that participation in such programs at the Media Center facilities may present the possibility for injury, serious bodily harm, or death and I hereby assume that risk.

I hereby agree to waive and release, to the fullest extent permitted by law, any and all claims, losses, damages, or liability for personal injury, property damage, economic loss or wrongful death that I might otherwise have, whether caused by negligence or other acts, against the Media Center, the City of Palo Alto, and its and their respective directors, officers, agents, employees, contractors, and volunteers (collectively, the “**Released Parties**”) arising out of my participation in such programs at the Media Center facilities.

I hereby agree to indemnify, defend, and hold the Released Parties harmless against any claims losses, damages, or liability (including reasonable attorneys’ fees) by persons or entities for personal injury, property damage, economic loss or wrongful death resulting in any way from my participation in such programs at the Media Center facilities.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND THAT IT IS AN AGREEMENT TO INDEMNIFY THE MEDIA CENTER AND THE OTHER RELEASED PARTIES AND IT IS A RELEASE OF LIABILITY AND A PROMISE NOT TO SUE OR MAKE A CLAIM.

_____|_____
Participant Signature Date

Participant Print Name

_____|_____
Parent Signature (if under 18) Date