

## Michigan Theater 2008 Young Filmmakers Camp

**By mail:**

Michigan Theater - Film Camp  
603 E. Liberty Street  
Ann Arbor, MI 48104

**By fax: 734-668-7136**

**By phone: 734-668-8397 x 27**

Child's Name: \_\_\_\_\_

Child's age and school: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Registration**

*Early Bird (Before June 1)*

**Members**

**Non-members**

Week 1: \_\_\_\_\_ x \$449    \_\_\_\_\_ x \$499    = \$ \_\_\_\_\_

Week 2: \_\_\_\_\_ x \$449    \_\_\_\_\_ x \$499    = \$ \_\_\_\_\_

*Standard (After June 1)*

**Members**

**Non-members**

Week 1: \_\_\_\_\_ x \$499    \_\_\_\_\_ x \$549    = \$ \_\_\_\_\_

Week 2: \_\_\_\_\_ x \$499    \_\_\_\_\_ x \$549    = \$ \_\_\_\_\_

**Become a Michigan Theater Member and receive the Member registration price immediately! For a complete list of benefits of Membership, please visit [michtheater.org/members](http://michtheater.org/members)**

*Please select one:*

Basic \$60

Premium \$120

Gold Card for one person \$300

Gold Card for two people \$500

**Total Registration plus optional Membership \$ \_\_\_\_\_**

**Payment method:**

Check (payable to Michigan Theater)

MasterCard

Visa

American Express

Discover

Card number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on card: \_\_\_\_\_

Signature (req): \_\_\_\_\_

## **Michigan Theater 2008 Young Filmmakers Camp Parent Consent and Emergency Form**

I grant permission for my child, \_\_\_\_\_, to participate in the Michigan Theater 2008 Young Filmmakers Camp.

In granting this permission, I assume full responsibility for damage to person or property caused by my child.

I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for any such treatment determined by a physician or dentist. Furthermore, in case of an emergency I agree that my child should be given any medical care deemed necessary by a physician.

I give my consent for the Michigan Theater to use my child's name, photograph, portrait, and any likeness in any media form and type related to organization for reporting, marketing, and outreach purposes without compensation.

\_\_\_\_\_  
Signature by Parent / Guardian

\_\_\_\_\_  
Date

### **Please check one of the following:**

I will be signing my child in and out of camp each day.

I will not be signing my child in and out of camp each day. I understand that the Michigan Theater cannot be held responsible for my child's safety once camp has ended and they have left the building.

### **Emergency Contact Information**

Parent / Guardian Contact \_\_\_\_\_

Phone number(s) home: \_\_\_\_\_ cell: \_\_\_\_\_

Other Parent / Guardian Contact: \_\_\_\_\_

Phone number(s) home: \_\_\_\_\_ cell: \_\_\_\_\_

General Physician: \_\_\_\_\_ phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID number: \_\_\_\_\_

Any general health concerns or allergies that the Michigan Theater staff should be aware of regarding my child:

My child carries an epi-pen. I am attaching an allergy action plan.