

Médiathèque ONF

Camp d'été 2010 - Formule d'inscription

RENSEIGNEMENTS PERSONNELS

Nom : _____ Prénom : _____

Âge : _____ Date de naissance : _____

Encercler : garçon fille Année scolaire : _____

Nom du parent ou du tuteur : _____

N° de tél. : Jour : _____ Soir : _____

Cellulaire : _____

Adresse : _____

Code postal : _____

Courriel : _____

Urgences : *Si nous ne pouvons pas vous joindre au(x) numéro(s) ci-dessus, à quelle autre personne (connue de votre enfant) pouvons-nous téléphoner en cas d'urgence?*

Nom : _____ N° de téléphone : _____

Qui viendra chercher votre enfant à l'ONF? _____

RESEIGNEMENTS MÉDICAUX

Votre enfant a-t-il des problèmes de santé dont nous devrions être informés?

_____ (joindre des explications au besoin)

Allergies – préciser : _____

Restrictions alimentaires : _____

N° de carte d'assurance maladie _____

Médecin de famille : Nom _____ N° de tél. : _____

Dates et coût d'inscription

DATES : LUNDI 26 JUILLET – VENDREDI 30 JUILLET

PRIX : \$300.00

HEURES : 9h00 -16h30 (chaque jour)

Nombre d'enfants : _____

Un service de garde (le matin à partir de 8 h 30, l'après-midi jusqu'à 17h30) est offert au coût additionnel de 75 \$. En avez-vous besoin ?

Oui Non

Total : _____\$

Méthode de paiement (*cocher*)

Chèque Argent comptant
American Express Visa Mastercard

Pour le personnel administratif : Les chèques doivent être établis au nom du Receveur général du Canada. Préparer un reçu.

Le paiement est-il réglé? Oui Non

N° de carte de crédit : _____

Date d'expiration : _____

Nom du détenteur de la carte : _____

Date de la transaction : _____

Signature du détenteur de la carte : _____

Pour renseignements supplémentaires, contacter :

Merrill Matthews, 150, rue John, 2^e étage, Toronto (Ontario) M5V 3C3

Téléphone : 416-973-7114; télécopieur : 416-973-7459; courriel :

[<m.matthews@nfb.ca>](mailto:m.matthews@nfb.ca)



LICENSE FOR FILM AND PARTICIPANT

National Film Board of Canada (NFB)

| FILM MAKING WORKSHOP AT THE NFB | DATE(S) OF WORKSHOP |
|---|---------------------|
| TITLE: | |
| <p>FILM MAKING WORKSHOPS are a tradition at the NFB: for over 15 years, we have been offering a series of hands-on animation workshops for children of all ages and accompanying adults. Under the direct guidance and supervision of NFB staff, participants work in teams to create their own original short animated film. NFB sends a digital recording of the finished films to all participants at the e-mail addresses specified below.</p> <p>Please note that your film and/or your participation may be selected by the NFB to be broadcast to a large audience for the specific purposes of promoting the NFB or the workshops: in order to authorize the NFB to do this, please complete and sign the present form.</p> | |

I- FILM LICENCE

I hereby grant the NFB and/or its assignees, the non-exclusive right to use this Film, in whole or in part (including still images), in any of its Productions or Posters, in order to promote the NFB or the NFB ANIMATION WORKSHOPS.

I understand that in order to exercise these rights, the NFB may exploit the Film throughout the world, by any means of distribution or transmission now know or unknown, including as part of a compilation, in perpetuity, in all languages or version in all markets.

I release the NFB, its assignees and licensee against any and all legal claims, liability, lawsuit and financial penalty arising from the use by the NFB, in good faith, of the Film.

I acknowledge that the NFB holds no obligation to use the rights hereby licensed.

I have read and understood the nature and the consequences of this authorisation and I agree to be bound by its terms.

| SIGNATURE OF PARTICIPANT | DATE | |
|--|--|----------------------------|
| FULL NAME OF PARTICIPANT (block letters) | AGE (if participant is a minor) | TELEPHONE NUMBER () |
| ADDRESS | CITY – PROVINCE – COUNTRY- POSTAL CODE | |

**SECTION TO BE SIGNED BY THE GUARDIAN
OF A MINOR PARTICIPANT**

SIGNATURE OF GUARDIAN

DATE

| | | | | |
|---------------------------------------|------|----------------------------|---------|-------------|
| FULL NAME OF GUARDIAN (block letters) | | TELEPHONE NUMBER () | | |
| ADDRESS (if different from above) | CITY | PROVINCE | COUNTRY | POSTAL CODE |

II- PARTICIPANT RELEASE

**NOTE: this section must be signed only when live action shooting
of the participant takes place during the workshop**

I accept that the NFB record my voice, appearance and/or performance, photograph me and consequently may use my name, voice, image and likeness, in any of its Productions or Posters, in order to promote the NFB or the NFB ANIMATION WORKSHOPS.

I understand that in order to exercise these rights, the NFB may exploit the Film throughout the world, by any means of distribution or transmission now know or unknown, including as part of a compilation, in perpetuity, in all languages or version in all markets.

I release the NFB, its assignees and licensee against any and all legal claims, liability, lawsuit and financial penalty arising from the use by the NFB, in good faith, of the Film.

I acknowledge that the NFB holds no obligation to use the rights hereby licensed.

I have read and understood the nature and the consequences of this authorisation and I agree to be bound by its terms.

SIGNATURE OF PARTICIPANT

DATE

**SECTION TO BE SIGNED BY THE LEGAL GUARDIANS
OF A MINOR PARTICIPANT**

Name and title of participant's guardian:

DATE

Signature

Name and title of participant's guardian:

DATE

Signature

**Please note that the Participant Release must be signed by all legal guardians:
mothers, fathers or legally appointed tutors must give their consent.**
