

NFB MEDIATHEQUE SUMMER CAMP REGISTRATION FORM
WHAT'S YOUR TOMORROW?

Participant Information

Last Name: _____ First Name: _____

Age: _____ Date of Birth: _____

Circle one: MALE FEMALE

Grade: _____

Parent/Guardian Name: _____

Phone # Daytime: _____ Evening: _____
Cell: _____

Address: _____

Postal Code: _____

E-mail address: _____

In case of emergency if we are not able to contact you at the above number (s) please provide us with a contact name and number where we can reach someone who knows your child.

Name: _____ Phone #: _____

Who will be picking up your child from the NFB? _____

Health Information

Does your child have any health conditions we should know about?

_____ (please attach explanation if needed)

Allergies? (please specify) _____

Dietary restrictions? _____

SIGN UP FOR ONE OF THE FOLLOWING:
REGISTRATION FEE: \$300.00

SESSION 1: JULY 5-9 (AGES 8 TO 14)

SESSION 2: JULY 12-16 (AGES 8-10)

SESSION 3: AUGUST 9-13 (AGES 10-13)

SESSION 4-ADVANCED CAMP: AUGUST 16-20 (AGES 12 AND UP)

of children _____

Pre (drop off at 8:30 am) and Post (pick up at 5 pm) care costs an additional \$75.

Required? **Yes** **No**

Total cost: _____

Payment Method (please choose one)

Cheque (made payable to the Receiver General of Canada)

Cash

American Express

Visa

Mastercard

Credit card #: _____

Expiration date: _____

Name of Cardholder: _____

Date of transaction: _____

Signature of cardholder: _____

Completed forms should be mailed or faxed to:
Merrill Matthews, NFB Mediatheque, 150 John St. 2nd Floor, Toronto, ON M5V 3C3
Tel : 416.973.7114, Fax: 416.973.7459
Please fill out and sign the attached release forms. Thank you.



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.)
