

Solar Filmmaking Summer Camp

632 Broadway, Ste 304, NY, NY 10012 212.473.3040 <http://solarproductions.wixsite.com/filmmakingsummercamp>

Instructions YOUR CHILD IS NOT GUARANTEED PLACEMENT IN THE CAMP SESSION UNTIL YOU RECEIVE OFFICIAL CONFIRMATION VIA EMAIL.

If the camp session you request is full, you may request placement in another session OR withdraw your application without penalty.

Cancellations within 5 business days will receive a refund, minus a \$25 administration fee. If you do not cancel at least 5 business days in advance and are unable to attend, you will be charged for the confirmed camp.

Solar Productions reserves the right to cancel a camp session up to 5 days prior to start date with discretion in case of a weather emergency. In the event of cancellation by Solar Productions, tuition will be refunded.

Schedule Days: Mon-Fri Hours: 9:30 AM – 4:30 PM

Tuition \$1,295 (1 Week)
 \$2,495 (2 Weeks)
 \$3,695 (3 Weeks)

Additional Information

- Open to ages 13 – 18
- Tuition includes all supplies
- Limited Admission
- Campers should bring a labeled lunch and water bottle each day

SUBMITTING COMPLETED APPLICATIONS

Mail To: Solar Film/Video Productions, 632 Broadway, Suite 304, NY, NY 10012
OR Email To: workshops@solarnyc.com

TUITION PAYMENT

Send a check by mail, pay via Paypal (please add \$40 service fee) to solarvideofilm@gmail.com, OR enroll through Eventbrite.

QUESTIONS

Email: workshops@solarnyc.com
Call: (212) 473-3040

Participant Information (Please fill out a separate form for each camper)

Camper's First/Middle/Last Name

Phone #

Home Address

City, State, Zip

Parent/Legal Guardian Name

Phone #

Parent/Guardian Name

Phone #

Emergency Contact

Phone #

Alternate Phone #

Email Address (Required for confirmation)

Health Conditions and/or Allergies

Please briefly explain camper's interests in and/or experience with filmmaking:

Choose a Camp Session:

1-Week Sessions

- Session 1** June 29 - July 3
- Session 2** July 6 - 10
- Session 3** July 13 - 17
- Session 4** July 20 - 24
- Session 5** July 27 - 31
- Session 6** Aug 3 - 7
- Session 7** Aug 10 - 14
- Session 8** Aug 17 - 21

2-Week Sessions

- Session 1** June 29 - July 10
- Session 2** July 13 - 24
- Session 3** July 27 - Aug 7
- Session 4** Aug 10 - 21

3-Week Sessions

- Session 1** July 20 - Aug 7

Liability Release

I, the undersigned, certify that I am the parent or legal guardian of the above mentioned Participant. I hereby authorize my minor child named above to attend and participate in the Solar Productions' Filmmaking Summer Camp, for which I have registered him/her. I understand that my minor child must obey all established rules and follow the instructions of the person in charge of the camp. I consent to and understand that the person in charge of the camp have the right to dismiss my child who is in their opinion a hazard to the safety and well-being of others, I understand that if my child is sent home under such circumstances I will be responsible for all associated costs incurred, including the cost of special travel arrangements.

Prior to the participation of my minor child, I acknowledge that there are certain risks associated with certain camp activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents, illness or even death. Furthermore, In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Accordingly, I acknowledge that participation in such activities involves certain dangers and risks which may expose my child to hazards of bodily injury or property damage, and which may result in my child being unable to contact me or be unable to receive immediate medical care and assistance if injury occurs.

By signing this parental consent and liability form, I expressly warrant that my child named above is capable of withstanding both the physical and mental demands associated with any activities of the camp for which s/he is registered. I also expressly assume all risks to my child's participation in these activities, whether such risks are known or unknown to me at this time. In recognition of these risks and realities, and in consideration of my child being offered the opportunity to participate in and benefit from this Filmmaking Summer Camp, I agree on behalf of myself and my child to release, waive, and disclaim any and all liabilities of or claims against, Solar Film/Video Productions, Inc., its officers, board members, agents, faculty, employees, and all private persons or organizations Volunteering services without charge to transport, supervise, or chaperone my child while participating in such camp activities including, but not limited to any or all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however, caused or accrued, as a result of my child participating in this event.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Solar Film/Video Productions will provide no medial insurance for such treatment, and that the cost thereof will be at my expense.

I have read, understood and agreed to the information above. All releases, authorizations and permission granted above shall remain in effect unless revoked in writing by the undersigned to Solar Film/Video Productions.

Parent/Legal Guardian Signature

Date

Print Name