Solar Productions Afterschool Program

632 Broadway, Ste 304, NY, NY 10012

212.473.3040

http://solarproductions.wixsite.com/filmmakingsummercamp/

Instructions

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

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

Solar Productions reserves the right to cancel a 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

September 10 - December 19

Tuesdays & Thursdays, 4:00 P.M. - 5:30 P.M.

Tuition

DUE TWO (2) WEEKS PRIOR TO SESSION

\$1,450 - Tuesdays & Thursdays (29 sessions) \$750 - Tuesdays Only (15 sessions)

\$700 - Thursdays Only (14 sessions)

Additional Information

- Open to ages 13 18 Tuition includes all supplies
- Limited Admission Participants are welcome to bring a snack and water bottle each day
- Housing is not provided

SUBMITTING COMPLETED APPLICATIONS

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

PAYING TUITION

Send a check by mail, pay cash/check at our office OR Pay via Paypal (please add \$35 service fee) to workshops@solarnyc.com (please do NOT use e-check)

QUESTIONS

Email: workshops@solarnyc.com

Call: (212) 473-3040

Application Please fill out a separate form for each participant

Participant's First/Middle/Last Name Age	Phone #			
Home Address	Email Address			
Parent/Legal Guardian Name	Phone #	Email Address		
Parent/Guardian Name	Phone #	Email Address		
Emergency Contact	Phone #			
Health Conditions and/or Allergies	Additional Information			
Please briefly explain participant's interests in and/or experience with filmmaking:				
Choose A Session:				
 ☐ Tuesdays & Thursdays (30 classes), September 10 – December 19 ☐ Tuesdays (15 classes), September 10 – December 17 ☐ Thursdays (14 classes), September 12 – December 19 				

Liability Release

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Solar Films and its employees from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above.

It is understood that some recreational activities involve an element of risk or danger of accidents. I hereby assume those risks. I agree to obey any orally given directions by the instructor to minimize risk. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent (Complete if applicant is under 18)

I give consent for my child _ activities, and I execute the	above liability rel	ease on their behalf.	to participate in the above
	Consen	t for Treatmen	t
physician, or surgeon, in cas	se of sudden illned ductions will prov	ess or injury while par	emergency medical personnel, a rticipating in the above activity. It ince for such treatment, and that
I have read and understoo form, and agree to all of it			y release and parental consent
Parent/Guardian Signature			
Print Name	Date		