

YES! I WANT TO MAKE TV THIS FALL 2016!

Student's Name: _____

Address: _____

E-mail: _____

Phone: () _____ School: _____

Birth Date: ___/___/___ Grade: _____ Gender: _____

Parent / Guardian Name: _____

Work Phone: () _____ Pager: _____ E-mail: _____

Parent / Guardian Name: _____

Work Phone: () _____ Pager: _____ E-mail: _____

Emergency Contact: _____ Phone: () _____

I authorize my child to participate in all camp activities, including leaving EBMC facilities while under adult supervision. I agree that all media produced is exclusive property of EBMC, all rights reserved.

Signature of Parent / Guardian: _____ Date: _____

ILLNESS, ACCIDENT, OR INJURY: In the event of a serious illness or injury, I authorize emergency medical care for my child. I wish my child to be taken to the nearest Emergency Medical Facility, and the following doctor notified:

Doctor's Name: _____ Phone: () _____

Insurance Company and Policy Number: _____ Date: _____

Fall Teen Media Camp 2016 –September through December, 2016

Schedule: Mondays through Fridays After School - Flexible 3:45pm-5:45pm

Saturdays: Open Workshop 10am-2pm

Cost: \$450.00 per session Ages: 12-17

Cancellation/Refund Policy: *No Refunds.*

All production and classes located in Berkeley's Downtown Arts District at:



East Bay Media Center

1939 Addison Street Berkeley, CA 94704-1101

Phone: (510) 843-3699 email: maketv@aol.com Website: www.eastbaymediacenter.org