



After School Film Workshops at P.L.A.C.E. 10-11

Please return this completed form to Hamden Youth Service Bureau 11 Pine Street (Keefe Community Center) Hamden, CT 06514 For additional information please call 203 777-2610 and ask for Susan or Beth.

REGISTRATION FORM FOR P.L.A.C.E. VIDEO WORKSHOP

Date _____

Participant Name _____

Date of Birth _____ Age _____ Grade _____ Name of school currently attending _____

Parent/Guardian Name _____

Address _____

Phone (H) _____ (W) _____ (C) _____ E-mail _____

Emergency Contact

Name, addresses and phone of persons who can assume responsibility of the child if parents cannot be reached immediately and are authorized to take the child from facility:

Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Name _____

Address _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Physician to be called _____ Phone _____

Hospital to be called _____ Phone _____

Please list any major health problems, allergies, diet, medications, other: _____

I, _____, parent/guardian of _____ do hereby give my permission for my child/dependent named above to participate in the program taking place at **P.L.A.C.E Art Studio**. I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless and to waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

I understand that photographs and names may be used for displays, on Town of Hamden website, P.L.A.C.E. website or in articles in local newspapers. Please circle.

I, _____, parent/guardian do / do not give permission to photograph my child.

I, _____, parent/guardian do / do not give permission to use my child's name.

Signature of parent/ guardian _____ Date: _____

I give permission for my child to walk from the Hamden Middle School to the P.L.A.C.E Art Studio, 2780 Dixwell Ave.

Signature of parent/guardian _____ Date: _____