

**Application for the Digital Media Academy's February After School Program
and Documentary Filmmaking Lab 2010**

I am applying for (please check):

- Drop-in After School Program: Monday-Friday, 2:30-5:30 pm, beginning February 15, 2010
- Documentary Filmmaking Lab 2010: February 22-26, 2010, Monday-Friday, from 10 am-4 pm. Note: if you apply and are accepted but do not attend, you will be fined \$250 and will be banned from attending future camps.

Location: Digital Media Academy's Community Technology Center, 36 Canal Street, 2nd Floor, Suite 209, Somersworth, New Hampshire.

Please print clearly in ink:

Name and phone # of person to be contacted in case of parent/ guardian is not available in event of an emergency.

Name: _____ Phone: _____

Authorized Escorts: Please list the names and phone numbers of individuals permitted to pick up your child.

Authorized Escort 1: _____ Phone: _____

Authorized Escort 2: _____ Phone: _____

Who referred you to this program?/How did you find out about this program?:

Participant Name:

Phone: _____ Gender- Please Circle: Male Female

Street Address:

City: _____ State: _____ Zip: _____

School:

Grade as of 9/09: _____ Age: _____ Date of Birth: _____

Email:

Is email a good way to contact you- Please circle: Yes No

Parent/ Guardian Name 1: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Parent/ Guardian Name 2: _____ Email: _____

Cell Phone: _____ Work Phone: _____

Why do you want to participate in *this program*? (Please write an essay in the space provided below)

Do you need transportation? (this does not impact your acceptance)

Can a parent or guardian help in anyway with a carpool?

Permission to Participate and Release from Liability for the Digital Media Academy (DMA)

Release of Liability Disclaimer: The Digital Media Academy is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of DMA, its representatives, or employees.

****Regarding activities:** In consideration of this minor child's participation, I hereby release the Digital Media Academy, its representatives, or employees from any present and future claims from **negligence** arising as a result of this minor child's participation in activities, programming, and trips. ****Regarding transportation:** I hereby release the Digital Media Academy, its representatives, or employees from any present and future claims from **negligence** arising as a result of this minor child being transported. I understand that **activities** and **transportation** have **inherent foreseeable** and **unforeseeable risks** and **dangers** associated with them. **Risks** and **dangers** may include, but are not limited to: motor vehicle travel, exposure to forces of nature, time of day, remoteness from medical facilities, insufficient cellular phone coverage, encounters with persons not associated with the Digital Media Academy or the minor child, physical and mental challenges. I acknowledge that this child's participation in the DMA is voluntary.

I hereby assume all **risk of injury or death**, and damage to this minor child's person or property during the course of any the Digital Media Academy activity, or thereto, wherever or however the above my occur. I hereby **voluntarily waive** any and all claims resulting from **negligence**, both present and future that may be made by me, my family, estate, heirs, or assigns. I agree to **indemnify** and **hold harmless** the Digital Media Academy, its representatives, or employees if loss, threatened loss or expense from **negligence** were to occur. I have read this form and fully understand that by signing this form, I am **waiving** legal rights and/or remedies which may be available to me for the **negligence** of the Digital Media Academy, its representatives, or employees. I hereby acknowledge that if any provision or provisions of this agreement shall be held to be invalid, illegal, and unenforceable or in conflict with the law of any jurisdiction, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impthe DMAed thereby. I affirm that I am the parent or legal guardian of this child, and I am freely agreeing to these terms.

By signing below, I acknowledge that I have read and understand the above statements.

Parent/Guardian Signature 1:

Printed Name:

Date:

Medical Information & Authorization for Medical Evaluation and Treatment

Medical Information Disclaimer:

****It is mandatory that this form be completely filled out by the parent or legal guardian. Failure to provide complete and honest information could result in harmful situations to your child's health and well being. All information documented on the form will be kept confidential by the DMA staff, and will only be shared with appropriate personnel in case of a medical emergency. Please fill out the form completely and**

honestly, which will aid in planning and participant assessment.

Physical Conditions:

_____ NONE

Please explain any physical conditions, injuries, chronic illnesses (diabetes, asthma, epilepsy, etc.) or disabilities, which might limit your child's participation in any activities. Has your child been hospitalized for any of these conditions within the last year?

Allergies: Food, insects, bees, medications, etc. Please list below:

_____ NONE

Allergies Typical Reaction Medications

Emotional Conditions:

_____ NONE Please check any emotional or behavior conditions, which might limit your child's participation in any activities. Please provide further explanation in the space below if necessary.

___ Depression ___ ADD/ADHD ___ ODD ___ Autism/ Asperger's

___ Anxiety ___ PTSD ___ Bipolar ___ Other

Medications:

_____ NONE Please list all current medications (prescription and over the counter) and the condition for which they are taken.

Medications

(include amt. and frequency)

Medical Condition Personal Side Effects of the Meds

Primary Physician: Please provide NAME, ADDRESS, and PHONE NUMBER.

Health Insurance:

_____ NONE

Insurance Company Policy Number Group Number

I acknowledge that the medical information recorded above is true and accurate. I agree to advise the Digital Media Academy (the DMA) in writing of any change in the medical condition or medical regiment of this minor child. I understand that unless the DMA is notified, the DMA will assume that all medical information is unchanged until August 2008. I acknowledge that I am the parent/ legal guardian of this minor child, and I hereby authorize the DMA, its representatives, or employees to obtain necessary evaluation and treatment of this minor child. Notice is hereby given to any health care provider that the DMA is fully authorized to obtain necessary medical evaluation and treatment.

By signing below, I acknowledge that I have read and understand the above statements.

Parent or Legal Guardian

Signature: Printed Name: Date:

Mandated Reporting and Duty to Warn

That state of New Hampshire has reporting laws, which require all the DMA employees to report any suspicion of abuse, neglect or exploitation of a child to the Department of Children, Youth and Families (DCYF).

If an the DMA employee believes that someone he/she is working with is in danger of harm to self, others, or property, they are obligated to communicate the threat to the victim or victims or to the department of such threat.

By initialing below, I acknowledge that I have read and understand the above statements.

Parent/ Legal Guardian Initials: _____

Photo/ Video Release

During the course of activities, photographs and videos may be taken and used in the promotion of the DMA and its funding sources. These may appear in newspaper, on television, and on computer promotions for the DMA. By initialing below I authorize the use of photos without any compensation.

Please indicate your intent by initialing one of the two following choices:

_____ **Yes**, this minor child's photographs and/ or video may be used by the DMA for promotions.

_____ **No**, this minor child's photographs and/ or video may not be used by the Digital Media Academy for promotions.

Demographics

Demographics Disclaimer: Gathering demographic data is essential in securing grant funding. All

information recorded in this section will be kept confidential. The information will aid in securing program funding through grants, be used by the DMA for statistical purposes, and program assessment and planning.

What is your child's race?

- White or Caucasian
- Black or African American
- Asian
- Pacific Islander
- Hispanic
- Native American
- Other single race
- Two or more races
- N/A

2. What is the income level in your household? Please circle below:

- Less than \$20,000
- \$21,000 to \$30,000
- \$31,000 to \$40,000
- \$41,000 to \$50,000
- \$51,000 to \$70,000
- Greater than \$70,000

3. As the child's parent/ guardian, what is your highest level of education? Please circle below:

Parent/ Guardian #1:

- Some High School
- High School Diploma or Equivalent
- Some College
- 2 Year College Degree
- 4 Year College Degree
- Graduate Degree

Parent/ Guardian #2:

- Some High School
- High School Diploma or Equivalent
- Some College
- 2 Year College Degree
- 4 Year College Degree
- Graduate Degree

4. In what other activities does your child participate?

Does your child receive free or reduced lunch?

Please circle.

FREE / REDUCED/ N/A

5. How many people are living in your household?

If a single parent heads your household, is it headed by a MALE OR FEMALE?

Participant's Signature _____

Parent/Guardian's Signature _____

Date _____

Applications must be received by February 15, 2010.

Please return applications to: Helene Edelstein, 8 Wiggins Court, Somersworth, NH 03878