



SHOOTING STARS FILM CAMP

121 Hay Street
Fayetteville, NC 28301
910.486.9036

Application 2017

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Week 1 – June 19-23 | : | COST: \$250 |
| <input type="checkbox"/> Week 2 – June 26-30 | : | TIME: 11:00a to 5:00p |
| <input type="checkbox"/> Week 3 – (pending) | : | Drop-off 10:45a to 11:00a |
| (Please select a week) | : | Pick-up 5:00 to 5:15 |

Participant's Name: _____ Nickname: _____

Birth Date: _____ Age: _____ Gender: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Cell: _____ Student Cell: _____

Parent/Guardian Email _____

Emergency Contact (other than yourself: name, phone, relationship):

How did you hear about Shooting Stars Film Camp?

PAYMENT INFORMATION:

We accept payment by Credit Card, Check or Money Order.

Please make checks or Money Orders payable to: GroundSwell Pictures

Please email or Fax application materials to: Shooting Stars Film Camp

FAX: 910 486-9440 EMAIL: info@groundswellpictures.com

T-shirt size: Child ___sm ___med ___lg ___xl Adult ___sm ___med ___lg ___xl

The following Policies and General Information must be read by both Campers and Parent/Guardian and initialed below by Parent/Guardian after reading:

Camper Expectations	Parent /Guardian Initials_____
Valuable Policy	Parent/Guardian Initials_____
Health Insurance and Medical	Parent /Guardian Initials_____
Arrival and Dismissal	Parent/Guardian Initials_____
Staff Contact Info	Parent /Guardian Initials_____
Lunch Procedures	Parent/Guardian Initials_____

The following documents/forms below must be signed and returned with this application:

- Authorization to pick-up Camper Form
- Photo and Video Release
- Release and Waiver of Liability and Covenant Not To Sue
- Medical Release Form

Camper Expectations

Shooting Stars Film Camp has high expectations for all campers. These expectations are designed to promote the well-being and safety of each camper and to insure that each camper is able to reach his/her fullest potential. Each camper will be required to do the following:

1. Respect the property and feelings of fellow summer camp students, teachers and student assistants as well as all others not directly associated with summer programs. Always act in a manner that will promote the opportunity to learn. Have a positive attitude about learning and involvement during the summer camp.
2. Politely communicate any concerns directly to summer camp teachers or assistants.
3. No "horseplay" of any kind will be tolerated.
4. No illegal drugs, tobacco, or alcohol are permitted.
5. No weapons of any kind are permitted. This includes guns, knives, switchblades, pocketknives, and any other instruments that could be used as weapons.

*****A student who violates any of these rules will be immediately dismissed from the camp.*****

By signing this page, I acknowledge that my child and I understand the expectations for participation in the summer camp and that any violation of these expectations will result in the immediate dismissal from the summer camp.

_____	_____	_____	_____
Parent Signature	Date	Participant Signature	Date

Valuables Policy

Campers should NOT bring **any** valuables (including electronic equipment, video games, or toys/sports equipment) to camp with them. We cannot guarantee the security of valuables, and we would not want to see anyone's experience ruined by the loss of some special item(s). For similar reasons students should not bring money with them. **Campers will only be able to use their phones during lunch and at the end of the day.**

Health Insurance and Medical Procedures

First aid kits for minor injuries will be available. Campers requiring medical assistance for any injury other than a minor cut will be transported by ambulance to the nearest appropriate treatment hospital as determined by ambulance personnel.

Arrival and Dismissal Procedures

ARRIVAL---Camper will arrive between 10:45am and 11:00 am. Enter SkyView on Hay on east side of building and push intercom for entry. A person with a sign-in sheet will be at entrance to obtain signature of parent/guardian. Campers who will be driving themselves to camp can sign themselves in if parent signs and submits a camper sign-in/out permission slip. Camper is responsible for all parking fees. The downtown-parking garage on Franklin Street is the best option for all day parking.

DISMISSAL---Camper must be picked up between 5:00pm and 5:15pm. Pick-up will be at same entrance as for arrival. A person with a sign-out sheet will be at entrance to obtain signature of parent/guardian. Campers who will be driving themselves to camp can sign themselves out if parent signs and submits a camper sign-in/out permission slip.

Emergency Contact Information for Directors

If you need to contact the directors during the workshop:

Lindsay Griggs,	910 624-4095 (phone / text)
Pat Wright	910 309-6580 (phone / text)
Jan Johnson	910 850-8818 (phone / text)

Lunch Procedures

Campers will bring lunch daily. Please put camper's name on lunch bag. Water or Gatorade will be provided. Campers will **only be allowed to drink water** except during lunch. Campers may bring an additional drink in a closed container to have at lunchtime.

AUTHORIZATION TO PICK –UP CAMPER FORM

We will not release your camper to anyone not previously authorized by you. Please complete this form and return it with your release and other enclosed forms. We must have this form on file before your child begins the camp. **ID WILL BE REQUIRED unless person is known to Camp Staff.**

Camper Name: _____

Names of People Authorized To Pick Up Child:

Names of People NOT Authorized To Pick Up Child:

Camper Sign-in and Sign-out Permission Statement:

My Child _____ will be driving to and from the Film Camp. I give him/her permission to sign in and out of film camp per established procedures.

Parent's Signature: _____

Date: _____

PHOTO & VIDEO RELEASE

Camper Name: _____

For good and valuable consideration, the undersigned hereby grants **Shooting Stars Film Camp** (SSFC) and **GroundSwell Pictures**, the absolute and irrevocable right and permission, in respect to the photographs, video tapes, motion pictures, recordings, or any other media (hereinafter collectively known as "Images") that SSFC has taken of me or my property, or minors in my care, or in which I may be included with others, to copyright the same, in SSFC's own name or otherwise, to use, re-use, publish, and re-publish the same in whole or in part, individually or in conjunction with other images, and in conjunction with any printed or electronic matter, in any and all media now or hereafter known, and for any legitimate purpose whatsoever, and to use my name in connection therewith if SSFC so chooses. I hereby waive any right to inspect or approve the Images or any finished version incorporating the same.

The undersigned does hereby release and forever discharge SSFC and GroundSwell Pictures, their members individually, and their officers, agents, and employees of any kind from all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen, and unforeseen injuries, damages, and the consequences thereof resulting from the use of the Images, including without limitation any and all claims for libel or invasion of privacy.

I understand that the acceptance of this release and waiver of liability of SSFC and GroundSwell Pictures shall not constitute a waiver, in whole or in part, of sovereign immunity by SSFC and GroundSwell, its members, officers, agents, and employees. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of SSFC and GroundSwell Pictures. I hereby certify that I am suffering under no legal disabilities and that I have read the above carefully before signing. This release shall be binding upon me and my heirs, legal representatives, and assigns. By signing below, I agree to the terms stated above and hereby certify that I am 18 years of age or older.

Parent's Signature

Date

RELEASE AND WAIVER OF LIABILITY AND COVENANT NOT TO SUE

The undersigned if 18 years of age or a Parent/Guardian of a participant less than 18 years of age hereby acknowledges that participation in risk-oriented programs and activities involves an inherent risk of physical injury and assumes all risks. The undersigned hereby agrees that for the sole consideration of the Shooting Stars Film Camp, GroundSwell Pictures, and Moonlight Communications allowing the undersigned to participate in these programs and activities for which or in connection with which the Shooting Stars Film Camp, GroundSwell Pictures, and Moonlight Communications has made available any facilities, equipment, grounds, or personnel for such programs or activities or to the undersigned while participating in any such programs for activities, the undersigned does hereby release and forever discharge the Shooting Stars Film Camp, GroundSwell Pictures, and Moonlight Communications its members individually, its officers, agents and employees of any and from all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from any participation in any way connected with such programs and activities.

I further covenant and agree that for the consideration stated above I will not sue Shooting Stars Film Camp, GroundSwell Pictures or Moonlight Communications, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in above said activities. I understand that the acceptance of this release and covenant not to sue aforementioned groups or persons does not constitute a waiver in whole or in part, of sovereign or official immunity by said Shooting Stars Film Camp, GroundSwell Pictures, and Moonlight Communications its members, officers, agents, and employees. Further, I understand that this release, waiver of liability, and covenant not to sue shall be effective during the entire period of my enrollment in the Shooting Stars Film Camp or participation in risk related activity. I have received a copy of this document and I certify that if am over 18 years of age and suffering under no legal disabilities and that I have read the above carefully before signing. Campers not over 18 years of age require the signature of a Parent/Guardian who is suffering under no legal disabilities and that have read the above carefully before signing.

Camper Name _____ (Please Print)

Parent/Guardian Name _____ (Please Print)

Signature of Parent or Guardian

Date

Medical Release Form

Camper Information – Please Print

Camper's Name: _____ Date of Birth ____/____/____

Gender: M _____ F _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Notification

Mother: _____ Home Phone: _____

Preferred Emergency Contact

Daytime Phone /Cell: _____

Father: _____ Home Phone: _____

Preferred Emergency Contact

Daytime Phone /Cell: _____

Legal Guardian: _____ Home Phone: _____

Preferred Emergency Contact

Daytime Phone /Cell: _____

Insurance Provider's Information ***PARTICIPANT MUST HAVE MEDICAL INSURANCE or sign a Medical Waiver***

Provider's Name: _____ Provider's Phone No.: _____

Policy Number: _____ Insurer's Name: _____

Medical Information

Primary Care Physician: _____ Physician's Phone: _____

Special Medical Condition(s): _____

Drug Allergies: _____

Current Medications & Dosages: _____

Special Dietary Needs or Food Allergies: _____

Authorization For Medical Treatment

(The completed form must be on file before treatment is administered.)

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son / daughter / ward. Parent or Legal Guardian's signature is REQUIRED below if the student is less than eighteen years of age.

Signature of Participant

Date

Signature of Parent or Legal Guardian

Date