



**Y MEDIA WORKS
SUMMER CAMP
APPLICATION**

AN INTERVIEW IS REQUIRED IN ORDER TO BE CONSIDERED FOR THIS CAMP

Y Arts, Boll Family YMCA, 1401 Broadway, Detroit, MI 48226. Email: geaton@ymcametrodetroit.org
Phone: 313 223 2751 Web: www.y-artsdetroit.org

INFORMATION IS VERY IMPORTANT – PLEASE PRINT CLEARLY!

PARTICIPANT INFORMATION

Participant's Full Name:			Grade (in Fall 2008)	Gender M F
D.O.B. / /	Age at Start of Institute	Email Address		
Address		City	State	Zip
Mother Name	Home Phone #	Work Phone #	Cell Phone #	
Father Name	Home Phone #	Work Phone #	Cell Phone #	
T-Shirt Size (circle one): Adult: S M L XL XXL		WHAT AREA OF ARTS & MEDIA MOST EXCITES YOU? (FILM, WEB, ACTING, ANIMATION ETC)		

AUTHORIZATIONS

Please check one, if dictated by physician:

I hereby give permission I hereby do not give permission
to the YMCA of Metro Detroit to secure emergency medical and/or emergency surgical treatment for the above minor.

Parent/Guardian's Signature _____ Date _____

Field Trips

I agree that with registration, my teen has permission to attend all field trips planned during the summer. Parents/guardians will be notified in advance of planned field trip activities. If your teen cannot attend a field trip, arrives late on a field trip day, or has to be picked up earlier than the expected return time, the YMCA has no provisional care/staff to supervise your teen. It is the responsibility of the parent/guardian to plan in advance for that need.

Yes No

Photo/Video/Voice Release

The YMCA of Metro Detroit requests irrevocable consent to release photographs, slides, moving pictures and audio/visual tapes of the above named minor teen for the purpose of YMCA records, public relations and/or advertising, videos, voice or text materials and either with or without my teen's name or photo accompanying quotation.

Yes No

Physical Aggression Policy

I understand there is a no tolerance policy against any aggressive physical behavior under any circumstances. In the case of aggressive physical behavior, it is my understanding that my teen will be removed from camp without any refund.

Yes No

This camp is 6 weeks long. We prefer the student to attend the whole camp. Do you foresee any conflicts?

Yes No

I give permission for my teen to participate in Y ARTS MEDIA CAMP and agree to all of the items located within this form and materials provided at the Pre-Institute Orientation. I understand that it is my responsibility to know all the policies and procedures outlined within. I also understand my teen and I must attend the Pre-Institute orientation prior to the institute beginning.

Parent/Guardian's Signature _____ Date _____

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SAFETY INFORMATION**Preferred Hospital for Emergency**

Treatment: _____

Health Insurance Policy

Name _____ Policy # _____

Name of person(s) to be notified in an emergency when parent/guardian is not available:

NAME	RELATIONSHIP	PHONE #	SECOND PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Name of person(s) in addition to parents to whom teen may be released:

NAME	RELATIONSHIP TO PARTICIPANT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

1. Is your teen under any special medical (seizures, asthma, etc.) regimen?
If yes, please describe _____

2. Does your teen take any prescribed medications that he/she will be taking while in the YMCA's care?
If yes, please fill out the Medication Dispension Form (Available at the YMCA) _____
3. Does your teen have any dietary restrictions? _____

4. Are there any problems that may confront your teen while at the institute (allergies, homesickness, anxiety, moodiness, etc.)?

5. Does your teen have any special talents or abilities? _____

6. Please provide any other information you feel may put us in a better situation to understand your teen and his/her needs.

PAYMENT INFORMATION**ALL STUDENTS SELECTED FOR CAMP WILL BE FULLY SCHOLARSHIPPED, EXCEPT FOR LUNCHES AND A REGISTRATION FEE****IMPORTANT:** A Registration fee is required to reserve your teen's spot in the Camp. Please Initial _____**TOTAL REGISTRATION FEE** \$ 50.00 _____(Due by June 30th)**Cash, check, money order or credit card payments accepted. Make check or money order payable to: YARTS****Credit card payments:** Amount _____
Card # _____ Expiration _____ Signature _____

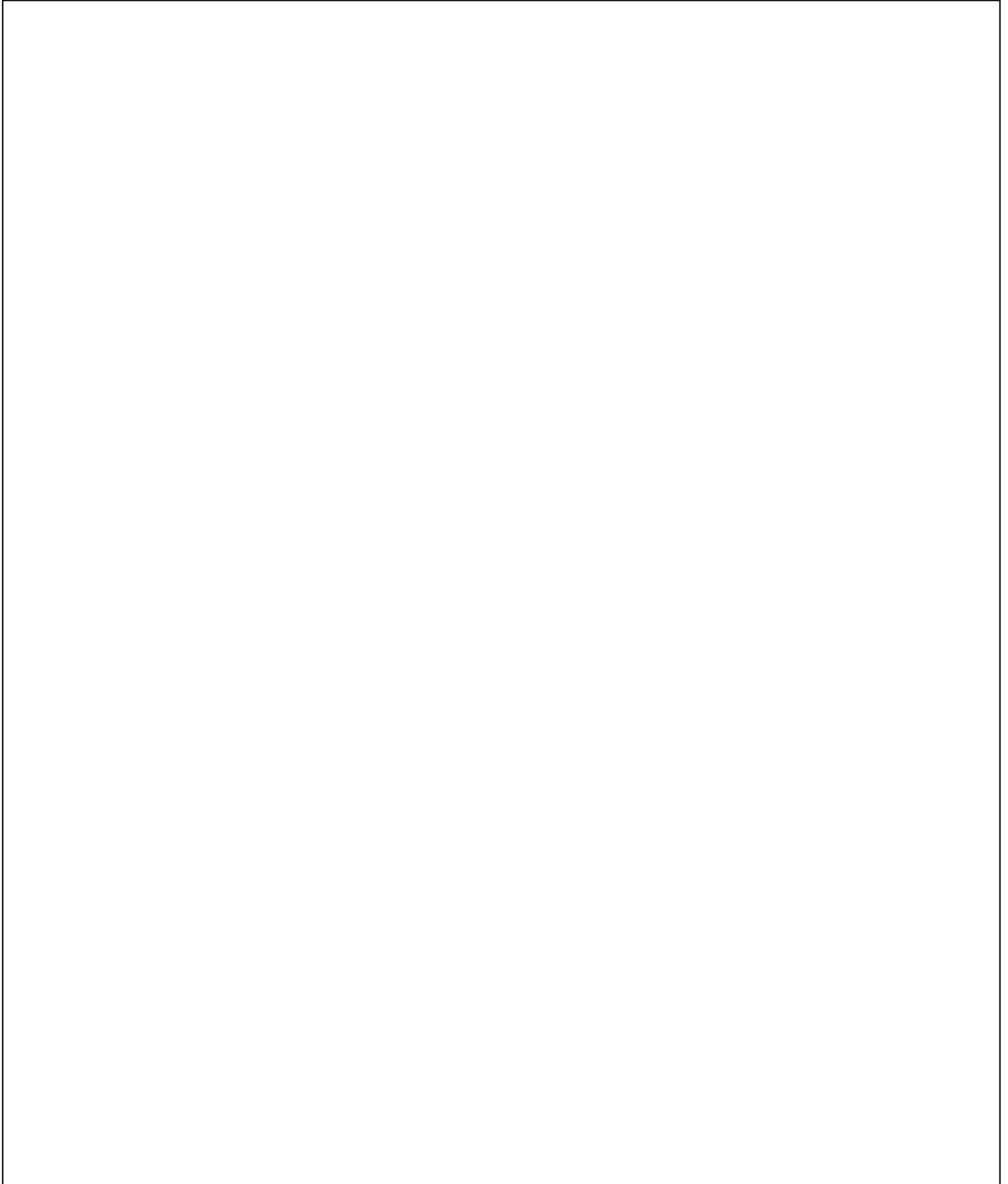
OUR CONTACT INFO:

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PLEASE TELL US A LITTLE ABOUT YOURSELF

Please write a paragraph or two as a way to introduce yourself to us. You could tell us about why you are interested in digital media (videography, filmmaking, Web design, etc.) or if you've ever created any media before. Be creative and have some fun!

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.