



FCTV Youth Program Enrollment Application

Name of Child: _____
(Last) (First)

Street Address: _____

City: _____ State: _____

Zip Code: _____ Phone: (____) _____

Age: _____ Grade: _____

EMERGENCY CONTACTS:

Name: _____ Home Phone: _____ Cell: _____

Email: _____ Business Phone: _____

Additional persons who may pick up child/children:

Name: _____ Address: _____

Relationship: _____ Phone: _____

Name: _____ Address: _____

Relationship: _____ Phone: _____

Any person(s) NOT authorized to pick up my child/children:

Note: Any person unfamiliar to FCTV staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

As the parent/guardian of the above-named minor, I hereby give my permission for him/her to use the equipment and facilities of Falmouth Community Television, Inc. The above-named minor may participate in community television productions which take place in the studio.

In cases where the above-named minor wishes to request facility or equipment use, I will sign all relevant forms accepting responsibility for the equipment and facilities.

After a place in the Youth Program has been reserved, there will be no refund of the registration fee unless the Youth Program is cancelled.

It is expressly understood and agreed that: if my child leaves the Falmouth Community Television (FCTV) facility without the express permission of FCTV staff, if my child damages equipment or defaces FCTV facilities; or if my child's conduct or influence is inimical to the best interests of the FCTV Youth Program; my child may be dismissed at the sole discretion of the FCTV staff with no refund or reduction of fee. My child agrees not to smoke, drink alcoholic beverages, possess firearms or other weapons, or use illegal drugs or paraphernalia.

No deduction/refund will be given for entering a Youth Program late or leaving early.

It is agreed that I shall pay any expenses for emergency services.

The Youth Program has my permission to use any photos or videos of Youth Program activities in which my child may appear in the interpretation of its training program to the community and for the telecast of the Youth Program members' finished program.

In exchange for my child attending this Youth Program and other valuable consideration, I agree to indemnify and hold harmless FCTV, its officers, agents and employees from any liability and damages.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date

----- (FOR STAFF USE ONLY) -----

Staff Signature: _____

Date: _____

