

HALLOWEEN FILM CAMP

YOUNG IRISH FILM MAKERS 2011

Name: _____

Surname: _____

Address: _____

Age: _____

Tel: _____ Email: _____

Emergency Contact Number : _____

Medical Release:

In the unlikely event of an accident or sudden illness, as part of our safety policy, your permission is needed for our staff to carry out the appropriate treatment to deal with the situation.

Please fill out the following details and sign at the bottom of this form, to grant such permission.

Doctor's Name

Doctor's Number

(If you do not designate a doctor, one will be designated on your behalf by YIFM)

Any medical conditions/allergies : _____

I enclose a deposit of €_____

Visual Release:

As part of any event at YIFM, we take photos and video footage of the activities for our archives and promotional materials. As your child will be taking part in these activities, we need your permission to film/photograph your child.

There is no fee for the use of any image and all copyrights belong to Young Irish Film Makers. By signing below you are granting permission for your child's image to be used by YIFM.

Parent/Guardian

Signature: _____

Date: _____

Where did you hear about the YIFM Halloween Camp? _____

