

**CTC GoGo Graphics – An Introduction to Motion Graphics
Application/Registration Form 2024**

This form may be copied for additional registrations. Each participant must complete this application/registration form. Print in ink or type and return this form to:

CTC of Lackawanna County
CTC GoGo Graphics
Att: Colleen Stepanovich
3201 Rockwell Ave.
Scranton, PA 18508
Phone: (570) 346-8471 X167
FAX: (570) 877-6010
cstepanovich@ctclc.edu

Dates: Tuesday - Thursday
June 18 – June 20, 2024

Time: 8:00 A.M. – 1:00 P.M.

Enrollment is limited. Registration fee of \$25.00 must be enclosed. Registration received without payment will be returned. Registration fee will be returned once participation is completed. Refunds will not be issued to those not attending the first day of class. Participation will be on a first-come, first-served basis. Must be a resident of Lackawanna County including those who reside in the Forest City School District.

Name of Participant _____
First Last

Home Address _____
Street

City State Zip

Home Phone _____ E-Mail _____

Cell Phone _____

School _____ Grade ____ Age ____ Date of Birth _____

Emergency Information

Parent or Legal Guardian _____

Daytime Phone _____

Parent or Legal Guardian _____

Daytime Phone _____

Enclosed is a check for _____, payable to CTCLC. (\$25.00 per participant)

RELEASE of LIABILITY

I, the undersigned, individually as parent(s) or guardian(s) of the minor child listed below, ask that he/she be admitted to participate in the **CTC GoGo Graphics Camp** sponsored by CTC of Lackawanna County (CTCLC). In consideration of such admission, I do hereby agree to release, discharge, and hold harmless CTCLC, its officers, agents, and employees of all causes, liabilities, damages claims, or demands whatsoever of any injury or accident involving the said minor arising from the minor's attendance at the CTC GoGo Graphics Camp. I acknowledge that all training and activities carry with them the potential for personal property damage or personal injury and assume responsibility of all risks of injury arising out of his/her participation including the use of CTCLC equipment. I give permission for CTCLC to use my child's photo for publicity purposes.

MEDICAL CONSENT

In the event that I am unavailable for the purposes of providing parental consent, I hereby authorize that medical attention be administered to my son/daughter. I understand that the consent and authorization herein granted does not include major surgical procedures and are only valid during the CTC GoGo Graphics Camp.

Family Physician: _____ Phone: _____

Physical/Medical conditions that the physician and/or CTC personnel should be aware of (allergies, recurring illnesses, disabilities, chronic illnesses, current medications, any pre-existing conditions):

List the name of neighbor or relative who will assume temporary care of your child if you are not available:

Name: _____ Phone: _____

Parent Signature _____ Date: _____

- CTC does not provide medical insurance for participants. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, family medical insurance must be used.
- The signature of a parent or guardian granting permission to administer medical attention, should it be necessary, is required on the application form.

CODE OF CONDUCT

In order to promote a safe environment, provide for the safety of all participants and avoid damage to the facilities or equipment all participants are expected to remain in the assigned areas and follow the instructions and directions provided by all CTC personnel. Participants who do not follow the rules and instructions provided by CTC leaders will not be permitted to participate and will be removed from the camp. No refunds will be given when a student is removed for unsafe behavior or disciplinary reasons.

Parent/guardian's signature

Parent/guardian's signature

Participant's Name

Date