



## SPOTLIGHT ANIMATION LAB 2018: REGISTRATION FORM

### TUITION

\$379 for 1 Week  
\$699 for 2 Weeks\*  
\$979 for 3 Weeks\*

\*A non-refundable \$250 deposit is due with registration form  
Payment in full must be made by May 15<sup>th</sup>

*Please make checks payable to:*

Spotlight Productions  
Attn: Harley Yanoff  
16 Old Tavern Road  
Wayland, MA. 01778

*After we receive your registration form and deposit, you will receive a confirmation e-mail with more details.*

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Session(s) Attending:     Week 1 (July 30-August 3)  
                                   Week 2 (August 6 - August 10)  
                                   Week 3 (August 13 - August 17)

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age (During Program): \_\_\_\_\_ Gender: Male  Female

T-Shirt Size: Youth Small  Youth Medium  Youth Large  Adult Small  Adult Medium  Adult Large

Parent(s) Name: \_\_\_\_\_

Parent(s) Email: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_

Emergency Contact and Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Where did you hear about SPOTLIGHT? \_\_\_\_\_

**THANK YOU! We look forward to seeing you this summer!**

For questions, please contact [spotlight08@yahoo.com](mailto:spotlight08@yahoo.com) or call (508) 433-0086 - [www.spot-light.org](http://www.spot-light.org)

# SPOTLIGHT ANIMATION LAB 2018

## WORKSHOP AGREEMENT FORM

Parent/Guardian's Name: \_\_\_\_\_ Participant's Name: \_\_\_\_\_  
(Please Print) (Please Print)

### MEDICAL RELEASE

I, the undersigned, agree to waive any claims upon **Spotlight Productions** in the event of any injury that may be sustained by **my child, listed above**, while taking part in activities during workshop hours.

I understand and agree that in the case of an emergency, if I am not available for consultation, the staff has permission to secure proper treatment for my child.

**Participants must provide a medical certificate provided by their doctor prior to or on the first day of the workshop.**

### MEDIA RELEASE

I, the undersigned, agree to permit **my child, listed above**, to be videotaped and/or photographed while partaking in the **Spotlight Animation Lab**.

Photos and video footage of participants would only be used for archival and promotional purposes only (i.e. photo albums, press articles, web site, brochures, and promotional kits)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_