



INDEPENDENT FILMMAKERS CO-OPERATIVE OF OTTAWA INC. (IFCO)
YOUTH REGISTRATION & RELEASE FORM

PARTICIPANT NAME: _____

PARENT OR LEGAL GUARDIAN NAME: _____

ADDRESS: _____

CITY, PROVINCE, POSTAL CODE: _____

PARENT/GUARDIAN PHONE: _____

EMERGENCY CONTACT PHONE (if not parent/guardian): _____

E-MAIL: _____

PARTICIPANT AGE: _____

GENDER: _____

RETURN FORM TO:

IFCO

Suite #140-#2 Daly Avenue

Ottawa, ON

K1N 6E2

Telephone: (613) 569-1789

Fax: (613) 564 - 4428

E-mail: admin@ifco.ca

Web: www.ifco.ca

ALL OF THE FOLLOWING INFORMATION IS REQUIRED. PLEASE FILL IN ALL BLANKS.

MEDICAL RELEASE:

Participant's Name: _____

CITY, PROVINCE, POSTAL CODE: _____

Emergency contact & phone: _____ Age: _____

Date of Birth: _____

Present health (medication?): _____

Drug/other allergies: _____

I hereby agree that I will not hold The Independent Filmmakers Co-operative of Ottawa Inc. (IFCO), or any of its employees or affiliates responsible for any loss, damages, or personal injury received as a result of my child's participation in the Independent Filmmakers Co-operative of Ottawa Inc. (IFCO) Super 8 Filmmaking Camp.

PARENT/GUARDIAN SIGNATURE: _____

PRINTED NAME: _____ DATE: _____