Indiana University
Adapted Physical Activity
Pre-Registration and Photo/Video/ Film Releasing Form
SPRING 2014

Child’s Name: ________________________________________________

Parent or Guardian’s Name: ________________________________________________

1. Pre-Registration

My child will enroll in the IUAPA Spring 2013 program. Please circle one:

   YES        NO

Comment/reasons:

Note: Both a completed enrollment form AND $30 payment for one child or $50 payment for two children MUST be submitted by November 29, 2013 to hold your child’s place in the program. Please send a check or bring your payment to the lab. Checks or money orders can be made to IUAPA. If I do not receive the enrollment form and payment by the due date, I will assume you do not intend to enroll.

2. Contact Information Updates

Please use the space below to indicate any changes in address, telephone number, e-mail or name (e.g. remarry).
3. **Photo/Video/ Film Releasing**

In order to provide better services for your child, we may need your child’s photographs, videotapes, or movies for educational purposes. Below are options for you to decide for your child. Please circle the option for each question.

1) Consent for photographs, videotapes, or movies, or television for contributing to the educational development of this staff in the advancement of teaching techniques and program activities.

   YES   NO

2) Permit other persons to use subsequent negatives or the prints for any such educational purposes and in such manner as may be deemed beneficial and necessary. It is understood that the individual's name will not be visible during such usage unless permitted by the undersigned.

   YES   NO

3) Using your child’s photographs, videos, and files for our website and pamphlets

   YES   NO

____________________________  ______________________
Signature of Parent/Guardian              Date