

# **11<sup>th</sup> Annual Dreamspeakers Aboriginal International Film Festival – Youth Day**

**Thursday, June 8th, 2006: 9:00 a.m.-5:00 p.m.  
Citadel Theatre/Stanley A. Milner Library  
7 Sir Winston Churchill Square Edmonton, AB**

## **YOUTH/GROUP REGISTRATION FORM**

Main Contact \_\_\_\_\_

Title/Position \_\_\_\_\_

School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Cell Number (\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

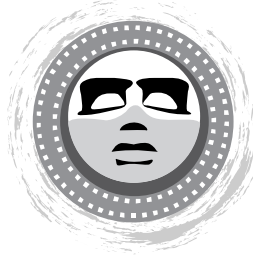
### **CHAPERONES & YOUTH REGISTRANTS:**

Total number of registrants who will be attending:

Chaperones \_\_\_\_\_ Youth \_\_\_\_\_

### **PARKING**

Parking is available at the Library Parkade. Vans or buses can park at the Citadel



**CHAPERONES/YOUTH REGISTRANTS:** *You can copy this form if you need more space.*

Please provide us with information about the chaperone(s) youth who will be under his/her supervision at Youth Day.

Note: There is no limit to the number of youth that a school or organization can register. However, there is a limit of 250 for the conference. In order that we can meet the needs of all registrants you must indicate the **name, gender of all youth and/or chaperones.**

	<b>CHAPERONE NAME</b>	<b>GENDER (M/F)</b>	<b>Chaperone Tel/Cell Numbers</b>	
1.				
2.				
3.				

	<b>YOUTH NAME</b>	<b>BIRTHDATE</b>	<b>GENDER (M/F)</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please complete and return this registration form **ASAP**

**Tel:** (780)378-9609 **Fax:** (780)378-9611

**E-Mail:** [info@dreamspeakers.org](mailto:info@dreamspeakers.org) **Website:** [www.dreamspeakers.org](http://www.dreamspeakers.org)

Dreamspeakers Festival Society 8726 –112 Avenue, Edmonton, AB T5B 0G6

## **DREAMSPEAKERS YOUTH DAY – 2006 REGISTRATION GUIDELINES:**

**Registration:** Admission is **\$50.00 per Youth/Chaperone** to all pre-registered groups. Space is limited, and registrations will be on a first-come, first-paid basis. There is a **limit of 250 registrants** of youth/students that can register. The *chaperone*, an accompanying adult (i.e. teacher, education/guidance counsellor, or parent), *must pre-register all students or youth in their group, and will be responsible for obtaining parental permission for each youth prior to attending the Youth Day.* Registration includes kits workshops, films, and motivational guest speakers.

**Please Note:** If you are registering (on an individual basis) without a group, you will be assigned in a group upon registration and a chaperone will be allocated to your group.

**Registration Deadline:** Please fax or e-mail your completed registration form to Dreamspeakers  
**Registration Confirmations:** A written confirmation of your registration will be *faxed or e-mailed upon receipt of payment.*

**Youth:** Includes ages (15-20)

**Chaperones:** Chaperones are responsible for ensuring proper student supervision and discipline during the entire **Youth Day**. The following are a few guidelines:

- For every 10 youth (as defined above), we recommend that **one adult chaperone** (18 years of age or older) accompany and take full responsibility for the youth group in his or her care;
- Teachers and/or chaperones **must remain with their students at all times;**
- Please ensure that your group **arrives on time** and attends all scheduled sessions and activities. Youth and chaperones are encouraged to actively participate in the sessions;
- It is the **responsibility of the chaperones to ensure that all youth groups arrive on time for each scheduled session**, so that the youth can obtain the most from the information presented.

**Cancellations:** In the event that a registered student or chaperone is not able to attend, organizations may substitute with an alternate person, but **must ensure** that Dreamspeakers is **notified in writing by April 30<sup>th</sup>, 2006.** If your group must cancel your registration, *please notify Dreamspeakers in writing immediately*, so that we can make that space available to another group. **There will be no cancellations accepted after May 1, 2006.**

**For More Information:**



**Dreamspeakers International Film Festival Society**

**Tel:** (780)378-9609    **Fax:** (780)378-9611

**E-Mail:** [info@dreamspeakers.org](mailto:info@dreamspeakers.org)    **Website:** [www.dreamspeakers.org](http://www.dreamspeakers.org)

8726 –112 Avenue, Edmonton, AB T5B 0G6

***SPACE IS LIMITED TO 250 – PLEASE REGISTER EARLY!***

**11<sup>th</sup> Annual Dreamspeakers International Film Festival  
Youth Day  
Thursday, June 8<sup>th</sup>, 2006**

**PARENTAL CONSENT**

**This form must accompany the Dreamspeakers Youth Day Registration.**

THIS CONSENT FORM IS TO BE SIGNED ONLY AFTER UNDERSTANDING AND AGREEING TO THE INFORMATION BELOW. IF THIS FORM IS NOT COMPLETED AND RETURNED ON OR BEFORE YOUTH DAY, THE STUDENT WILL NOT BE PERMITTED TO PARTICIPATE.

**Expectations and Instructions:**

I understand the following is expected of the Youth.

- To obey rules and regulations given by the teacher/chaperone.
- To stay within their designated group at all times.
- Conduct themselves in an orderly manner.
- No drugs or alcohol allowed on premises.

In the event any of the above expectations or instructions are violated, I understand the youth may be removed from the Youth Day event.

I will ensure that there will be adequate third party liability insurance in place prior to the commencement of activities.

I will ensure that all WCB and safety precautions are in place at all times throughout the conference date.

We hereby waive any and all claims we might have against, and release from liability, Dreamspeakers Festival Society and it's director's, board members, employees, independent contractors, agents or representatives for any personal injury, death, property damage or loss sustained by participation.

I REQUEST THAT THE BELOW-NAMED YOUTH BE ALLOWED TO PARTICIPATE IN DREAMSPEAKER'S YOUTH DAY AND SPECIFICALLY CONSENT TO THE STUDENT'S PARTICIPATION AND I WILL NOT HOLD DREAMSPEAKERS FESTIVAL SOCIETY OR THEIR REPRESENTATIVES RESPONSIBLY FOR LIABILITY. I AGREE TO ALL OF THE ABOVE CONDITIONS.

Name of Student: \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONSENT and RELEASE**

---

**I HEREBY** give Dreamspeakers Film Festival Society the absolute and irrevocable right and permission, with respect to any photographs, taped interviews, or digital images that it has taken of me to:

- a) use, re-use, publish and republish the same in whole or in part, individually or in conjunction with other photographs, interviews or images in a publication, print ad, electronic media (e.g. CD-ROM, Internet, World Wide Web) or other form of promotion;
- b) Use my name in connection therewith, if Dreamspeakers Festival Society so chooses.

This permission is unconditionally granted to Dreamspeakers Festival Society for educational and related purposes deemed appropriate by Dreamspeakers Festival Society, both internal and external to the organization.

**I HEREBY** waive any right that I may have to inspect and approve the finished product or copy that may be used in connection with the information contained in the interview or the image that has been reproduced. I further understand that Dreamspeakers Festival Society shall not be required to pay any consideration for the unlimited usage of my photography and/or image and contents of my interview.

**I AGREE** to save harmless, indemnify and release Dreamspeakers Festival Society, its board members, servants, employees and representatives, from and against all claims, actions, costs, expenses and demands with respect to the release of my personal information and use of my photograph and/or image.

\_\_\_\_ **I AM** of the legal age and have read the foregoing and fully understand the contents thereof.

\_\_\_\_ **I AM** the parent/guardian for the said youth and I take full responsibility for signing on his/her behalf.

**THIS CONSENT AND RELEASE** is granted to Dreamspeakers Festival Society in perpetuity on this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Youth

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date