

Workshop Registration

Plug-n-Play: Video Game Graphics Workshop with the Advanced Media Lab
 February 4, 2011 • 1 p.m.–4 p.m. Fee: \$30

Please complete and return with full payment (\$30 check to “NC State University”)
 to ATTN: Sarah Blackmon / CAM Raleigh / 409 West Martin Street, Raleigh, NC 27603

STUDENT APPLICANT INFORMATION

FIRST NAME _____ LAST NAME _____

EMAIL ADDRESS _____

GENDER (PLEASE CIRCLE) MALE // FEMALE DATE OF BIRTH (MM/DD/YYYY) ____ / ____ / ____

SCHOOL _____

I AM CURRENTLY ENROLLED IN: 8th GRADE // 9th GRADE // 10th GRADE // 11th GRADE // 12th GRADE

ETHNIC BACKGROUND __ AFRICAN-AMERICAN __ CAUCASIAN __ NATIVE AMERICAN / ALASKAN

(OPTIONAL) __ ASIAN/PACIFIC ISLANDER __ HISPANIC / LATIN AMERICAN __ OTHER: _____

PLEASE LIST ANY MEDICAL PROBLEMS, SPECIAL NEEDS, OR CONCERNS THAT THE TEACHERS AND STAFF NEED TO BE AWARE OF:

PRIMARY PARENT/GUARDIAN CONTACT INFORMATION + EMERGENCY CONTACT

FIRST NAME _____ LAST NAME _____

RELATIONSHIP TO STUDENT APPLICANT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

CELL PHONE (____) ____ - _____ HOME PHONE (____) ____ - _____

EMAIL ADDRESS 1 (please print clearly) _____

EMAIL ADDRESS 2 (please print clearly) _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) _____

PHONE NUMBER _____ RELATIONSHIP TO STUDENT _____

PAYMENT INFORMATION / \$30 per student / CHECKS ONLY PLEASE. WE CANNOT ACCEPT CREDIT CARD PAYMENTS.

Please make checks payable to “NC State University.” Please note student applicant’s name on your check.

NAME ON CHECK _____ DATE (MM/DD/YYYY) ____ / ____ / ____ CHECK NUMBER _____

PARENT/GUARDIAN RELEASE + MEDIA RELEASE

- I grant permission to allow images of the undersigned student to be used by NC State College of Design, CAM Raleigh and/or the media for news articles, promotional materials, and documentation.
- I grant permission to allow the undersigned student to be interviewed by NC State College of Design, CAM Raleigh and/or the media.
- I understand that my child may be participating in walking field trips to various locations throughout downtown Raleigh as part of their participation in this workshop. I further understand that program facilitators may elect to take my child on the City of Raleigh R-Line bus to travel to downtown Raleigh locations in lieu of walking (given weather conditions and/or other circumstances).
- I hereby understand that it is important that my child conduct themselves in a safe and orderly manner while participating in this workshop and my child shall abide by all rules and regulations of the CAM Raleigh and the NC State College of Design.

SIGNATURE OF STUDENT’S PARENT OR GUARDIAN: _____ Date: _____

PRINTED NAME: _____

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