Registration Form

Student Information

Last Name: ___________________________ First Name: ___________________________

Phone: ___________________ Email: ____________________________________________

Current Grade: _______ Current School: ___________________ tshirt size: S M L XL 2XL 3XL

Referring Educator: ___________________________________________________________

Parent / Legal Guardian Information

Last Name: ___________________________ First Name: ___________________________

Phone: ___________________ Email: ____________________________________________

Emergency Contact Information (if different from Parent/Legal Guardian)

Last Name: ___________________________ First Name: ___________________________

Phone: ___________________ Email: ____________________________________________

1. I have been informed of the details of this educational experience.
2. My child has my permission to participate in the OFF Academy and attend the Omaha Film Festival.
3. I agree to instruct my child to obey all rules, regulations, and instructions given by teachers and/or authorized festival personnel. I further agree that no teacher or authorized festival personnel shall be held responsible or liable for injuries or other mishaps caused by my child’s deliberate disobedience of rules, regulations, or instructions.
4. I understand photographic images or video may be taken during this event and used in official OFF ACADEMY and OMAHA FILM FESTIVAL documentation, websites, newsletters, and other promotional materials.
5. Included with your completed registration form please include an essay indicating why you would like to attend the OFF Academy (under 500 words).

Your signature indicates that you have read and agreed to the above and that we have your permission for your child to attend and participate in this event.

_______________________________   ______________________
Parent/Legal Guardian Signature   date