



# 2010-11 Student Registration

www.spyhop.org

## STUDENT INFORMATION

*Please write clearly*

Name		Email	
Home Phone		Cell Phone	
Home Address		City	State
			Zip
Age	DOB	School	Grade

## PARENT/GUARDIAN INFORMATION

*Please write clearly*

Guardian 1 Name	Email Address
Same Address As Above? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone
Place of Employment	Work Phone

Guardian 2 Name	Email Address
Same Address As Above? <input type="checkbox"/> Y <input type="checkbox"/> N	Cell Phone
Place of Employment	Work Phone

For which class are you registering?	Which class(es) have you taken at Spy Hop?
How did you hear about us?	
Why are you interested in this class?	
What skills do you hope to learn?	

Will you be applying for financial assistance? (Financial assistance is granted on a sliding scale based on household size and income):

Yes  No

If you answered 'yes' above and wish to be considered for financial assistance, it is essential that you answer the following questions:

Number in household? \_\_\_\_\_ Household annual income:\$\_\_\_\_\_

\*We reserve the right to request any financial documentation.

Check here if you **DO NOT** wish to be on our mailing list.

**\*\*If you have any questions please call Matt Mateus at (801)532-7500.**

511 W 200 S, Suite 100 | Salt Lake City, UT 84101  
Phone (801) 532-7500 | Fax (801) 532-7505

**PARENTS/GUARDIANS**  
**PLEASE FILL OUT ALL THE QUESTIONS**

The following information is strictly confidential and is used for grant reporting purposes. Accurate reporting helps us secure funding for Spy Hop programs. We ask that you fill out all of the questions to the best of your abilities. This information will not be shared with any other organizations. The information on this form will not affect your child's access to this program or to any program at Spy Hop Productions.

Student's Legal Name		Age		Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
Race/Ethnicity (choose all that apply)	<input type="checkbox"/> Latino/Hispanic/Chicano <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White  Other: _____			
How many people in your household?	Did parent(s) or guardian(s) graduate from college			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Household/Family Income	<input type="checkbox"/> Less than \$ 9,999 <input type="checkbox"/> \$ 10,000 - \$14,999 <input type="checkbox"/> \$ 15,000 - \$24,999 <input type="checkbox"/> \$ 25,000 - \$34,999 <input type="checkbox"/> \$ 35,000 - \$49,999 <input type="checkbox"/> \$ 50,000 - \$74,999 <input type="checkbox"/> \$ 75,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$149,999 <input type="checkbox"/> \$150,000 - \$199,999 <input type="checkbox"/> \$200,000 or more			
Does the student have a disability?	<input type="checkbox"/> Yes                      Describe disability:  <input type="checkbox"/> No			
What languages are spoken at home?				
Student's Place of birth				
Parent's/Guardian's place of birth				

**READ & SIGN**

I declare that to my knowledge the information reported on this form is complete & correct.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

**SPY HOP PRODUCTIONS, INC.**  
**PARTICIPATION, RELEASE, AND CONSENT FORM**

**Permission to Participate & Release**

I, the undersigned parent/guardian, hereby consent for my child to participate in the program or programs (the “Program”) offered by Spy Hop Productions, Inc., a Utah non-profit corporation (“Spy Hop”). I also agree to hold Spy Hop and its respective officers, directors, employees, agents, students, teachers, consultants, successors and assigns (the “Spy Hop Parties”) harmless against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the Program.

**Information, Records and Evaluation**

I, the undersigned, consent to Spy Hop collecting information from my child in order to evaluate its Program, including interviews, observations, surveys, and other class activities and materials. I understand that my child will complete a confidential survey about his or her attitudes and opinions as part of this evaluation. I understand that the information obtained will be analyzed and that my child’s name will be withheld for confidentiality purposes. I understand that this information will be part of a larger evaluation and only the evaluation team and program staff will have access to this confidential information.

**Medical Consent**

I understand that there are some risks inherent in the activities that are included in the Program, but willingly assume these risks in order to allow my child to participate. If I cannot be reached in the event of an emergency, I give permission for any care or treatment by a physician, surgeon, hospital, nurse, physician’s assistant or medial care facility that may be required.

**Transportation Release**

I fully understand that the Program staff may transport my child in a vehicle to and from various activities and hereby release and hold the Spy Hop Parties harmless against any liability, loss, or expense incurred or suffered in consequence of any action or actions, suit or suits, in law or equity, which may be brought by any person or persons in connection with, or with reference to, the administration, planning, preparation, development, conduct, and execution of the Spy Hop Program.

**Photograph/Videotape/Sound Recording Releases**

I, the undersigned, hereby release the Spy Hop Parties from any and all claims, demands or causes of action that I or my child may now have or may hereafter have for libel, defamation, invasion of privacy, right of publicity, infringement of copyright, or violation of any other right arising out of or relating to production and distribution of, or any failure or omission to use, any footage, portraits, still pictures and other photographic reproductions and sound recordings which my child creates, is involved in, or otherwise participates.

I also fully understand that my child’s work may be displayed in the community, submitted to festivals, and other public venues. I also understand and give consent for Program staff to photograph, videotape or make sound recordings of Program youth to advertise the Program or for other purposes. I give permission for Program staff to photograph, videotape or make sound recordings of my child for public display

**Full or Cancelled Classes**

Spy Hop classes must meet minimum and maximum enrollment standards. Classes may fill quickly or classes may be cancelled due to low enrollment. If you have registered for a full class or a class that must be canceled, you will be contacted and entitled to a full refund.

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GUARDIAN NAME (PRINT) SIGNATURE DATE

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STUDENT NAME (PRINT) SIGNATURE DATE



## Emergency Information Form

Please complete the following information to the best of your ability and knowledge. This information is very important and useful for us in the event of an emergency.

Student's Name	
Date of Birth	
Allergies (drugs, food, insects, plants, etc)	
Medications student is currently taking	

**Please indicate any medical problems the student has:**

Heart Disease       High Blood Pressure       Diabetes       Epilepsy

Other (please describe): \_\_\_\_\_

Does the student wear:	Glasses <input type="checkbox"/>	Contacts <input type="checkbox"/>	Neither <input type="checkbox"/>
Health insurance Carrier & Policy Number			

### In case of Emergency Notify

Name			
Address			
Home Number		Other Number Work or Cell?	
Relationship			