Making Magic Happen

Fun

Summer Tech Camp

Fun

July 15th ~ July 19th
$50.00 per person
10 am to Noon
(Ages 14 ~ 95)

Basic Camera
Cell phone & Pro cameras

Intro to Podcasting

Intro to Editing

**For More Information
Contact : Dale Grow**

**DATV
280 Leo Street
Dayton, OH 45404
(937) 223-5311
dale@datv.org**

DATV

www.DATV.org

Application to Tech Camp 2024

Camp Fee's $50.00

Tech students name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone # _____

Email: _____

If under 18, Parent or guardians name: _____

Address: _____ City: _____ St: _____ Zip _____

Phone: _____ Email: _____

What are you interested in learning? _____

_____

_____

What tech do you presently use? _____

_____

_____

Dayton Public Access Television, DATV, DSTV
(This portion filled out by DATV)

Payment type ☐ Cash, ☐ Check, ☐ Credit Card, ☐ Sponsored, ☐ Other _____

If sponsored, who sponsored: _____

Address: _____ City: _____ ST: _____ Zip _____

Phone Number: _____ Email: _____

Have your received the waiver and release form? ☐ Yes ☐ No Date received: _____

Staff person whi received payment & forms: _____

Date Received: _____ Staff Signature _____

DATV Dayton Access Television

Member / Volunteer Waiver and Release

I,_____, understand and agree that as a volunteer for DATV any tasks, duties or responsibilities I fulfill, regardless of location, are done on a voluntary, non-paid, strictly elective basis.

Therefore, I agree to indemnify and hold harmless DATV, its officers, directors, employees, agents and invitees against any and all claims, demands, losses, costs, damages, suits judgments, penalties, expenses and liabilities of any kind or nature whatsoever which arises directly or indirectly out of, or in connection with, my volunteer services with DATV.

I further understand and agree that I am providing the identification below solely for record keeping purposes.

Name:_____

Address:_____

Phone Number:_____

Please Notify In Case of Emergency:

Name: _____

Phone Number:_____

Family Physician:_____

Phone Number:_____

Preferred Hospital:_____

List any pertinent medical information related to your ability to perform volunteer/member responsibilities for DATV. For example, allergies, handicaps, medications, etc.

_____

DATV 280 Leo St. , Dayton, Ohio   (937)223-5311

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