

YAKAMA NATION



LIBRARY

**7th Annual
Multi Media
Youth**

FREE

**AGES
11-19**

**Workshop Application
July 25th-29th, 2016**

Rediscover Yakama Through Film & Art

For More Information

509-865-2800 #6 509-865-5121 #4747

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Mission Statement

Educate Native Youth about their heritage and enhance Cultural Preservation, integrating current technology, along with contemporary, Traditional storytelling, and interviews. The youth will identify with their culture by bridging the gap between elders and the upcoming generation. This experience will build confidence and give students competitive skills in pursuing filmmaking, performing arts, and digital technology.

**7TH ANNUAL
YAKAMA NATION LIBRARY
MULTI MEDIA WORKSHOP
July 25th - 29th 2016
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Student Contract

We are glad that you are interested in being a part of Yakama Nation Library's 7th Annual Multi Media Workshop.

In order for everyone to have the best possible learning opportunity it's important for all of us to be respectful of others and to follow some basic rules. By reading and signing this contract you are helping make sure that you and your fellow participants have the rewarding and safe time.

1. I will work cooperatively and listen to Instructors, staff, and mentors.
2. I will treat other students with respect and dignity, and will not use unkind words or actions towards any participant.
3. I will respect and help maintain the programming facilities.
4. I will respect the equipment that I use, including the cameras, mics, editing suites, etc, and abide by the equipment safety rules provided to me by my instructors. I understand that if I do not treat the equipment with respect, I will lose the privilege to use it.
5. I understand that I will be immediately dismissed for bringing drugs, alcohol, or dangerous weapons to the gathering, or by committing theft.

I agree to follow this contract so that I, and everyone else, may enjoy the 7th Annual Multi Media Workshop.

Student Signature

Date

Parent Guardian Signature

Date

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MULTI MEDIA WORKSHOP**

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Personal Release Form

I certify that I freely consent to be involved in Yakama Nation Library's Multi Media Workshop, and that I understand that I will receive no financial compensation for my appearance or work in this program.

I further certify that I give Yakama Nation Library my unrestricted permission to distribute all still photographs, motion picture film, video recordings, and sound recordings taken for the Multi Media Workshop. I understand that the program may be broadcast or used for Yakama Nation Library promotions and activities.

I grant the use of my voice and image for use by Yakama Nation Library, and this program for educational, other media use.

Student Name Printed

Student Signature

Date

Parent/Guardian Name Printed (if student is under 18)

Parent/Guardian Signature

Date

Address

Phone

Yakama Nation Library Fourth Annual

Multi Media Workshop

Rediscover Yakama Through Film & Art

	Day 1	Day 2	Day 3	Day 4	Day 5
8am	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
9am	Introductions Rules expectations goals	Team Building	Team Building	Edit/Rehearse	Export/ Rehearse
10am	Ice Breaker	open	Breakout: 1. open 2. open		Screening/ Performance
11am	Test Gear Performance meeting				
Noon	Lunch	Lunch	Lunch	Lunch	BBQ
1pm	Digital Stories	Interviews with & Exhibition	Breakout: 1.open Interviews 2. open	Edit/Rehearse Sound check	Debrief
2pm		Setup			
3pm		open	Transfer Footage		
4pm	Presentations	Take Down	open	Fine Edit Review	



Medical History

Does your student have or had any of the following conditions:

Condition:	YES	NO	Explain:	Condition:	YES	NO	Explain:
Epilepsy / Seizures				Ear Aches			
Concussion/Head Injury				Vertigo			
Traumatic Brain Injury				Tinnitus (ringing in ears)			
Stroke/Brain Hemorrhage				Diabetes			
Frequent Headaches				Anemia			
Fainting / Dizziness				Bruises Easily			
Migraines				Frequent Nose Bleeds			
Vision Problems				Broken Bones/Dislocations			
High Blood Pressure				Frequent Sprains			
Heart Murmur				Arthritis / Rheumatism			
Heart Disease				Back Problems			
Pace Maker/ Valve				Kidney / Liver Problems			
Asthma (uses inhaler)				Stomach Problems			
TB / Lung Disease				Jaundice / Hepatitis (Type)			
Sinus Problems				Rheumatic/Scarlet Fever			
Seasonal Allergies				Depression / Anxiety			
Hives / Skin Rash				Mental / Nervous Conditions			
ALLERGIES:				ADHD / ADD (on medication)			
Latex				WEARS:			
Food (peanuts, fish...)				Glasses / Contacts			
Insects (bees, wasps...)				Hearing Aid			
Medicines (penicillin...)				Prosthetic Limb			
Uses EPI-PEN for reaction?							
Uses Benadryl for reaction?							

Immunizations up-to-date? Yes No

Has your student had any major or minor operations within the last two years? Yes No Explain: _____

Is your student under doctor care? Yes No Explain: _____

Is your student on any medication? Yes No List: _____

List any special instructions or information you wish the school to know: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____