

CATCH Multimedia Program Registration Form

Thank you for your interest in the CATCH Multimedia Program! This program, offered by the CATCH Initiative, is designed to help individuals explore various forms of creative expression, providing them with the tools, skills, and guidance to share their voices through multimedia arts. Please complete the registration form below to get started.

Participant Information:

Full Name: _____

Date of Birth: _____

Age: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

School/Institution (if applicable): _____

Grade Level (if applicable): _____

Parental/Guardian Information (if under 18):

Parent/Guardian Name: _____

Relationship to Minor: _____

Phone Number: _____

Email Address: _____

Mailing Address (if different from minor): _____

Program Interest and Goals:

1. Why are you interested in participating in the CATCH Multimedia Program?

2. Which creative fields are you most interested in? (Check all that apply)

☐ Videography

☐ Photography

☐ Graphic Design

☐ Audio Production

☐ Digital Storytelling

☐ Other: _____

3. **Do you have any previous experience in any of the above fields?** If yes, please describe:
4. **What type of projects or content would you like to create through the program?**

Program Commitment:

I understand that by participating in the CATCH Multimedia Program, I will have the opportunity to learn about various creative disciplines, including videography, photography, digital storytelling, and more. I am committed to attending all sessions, completing assignments, and being an active participant throughout the program. I also understand that I am responsible for handling all equipment with care and will not engage in any theft or mishandling of equipment. In the event of theft or intentional damage to equipment, I understand that such actions are punishable by law, and legal action may be taken.

Participant's Signature:

(Today's Date) _____

Parental/Guardian Consent (if under 18):

As the parent/guardian of the minor applicant, I understand that my child will participate in the CATCH Multimedia Program, which includes training in creative media, access to equipment, and mentorship. I give my permission for my child to participate in the program and agree to support their involvement. I understand that the participant is responsible for handling all equipment with care and must not engage in any theft or mishandling of program equipment. I acknowledge that such actions are punishable by law, and legal action may be taken.

Parent/Guardian Signature:

(Today's Date) _____

Emergency Contact Information:

In case of emergency, please provide an alternate contact:

Name: _____

Relationship to Participant: _____

Phone Number: _____

Agreement & Acknowledgment:

By signing this registration form, both the participant and their parent/guardian (if applicable) acknowledge that the information provided is accurate and that they agree to the terms and conditions of the CATCH Multimedia Program. Both parties also consent to communication from the CATCH Initiative regarding the program.

Thank you for registering for the CATCH Multimedia Program! We are excited to help you unlock your creativity and support you in your artistic journey. We will be in touch with next steps soon!

For more information, visit: www.thecatchinitiative.com