



2011 Multimedia Workshop Application (June 2-June 3, 2011)

Please type or print clearly.

This application and appropriate enclosures must be received by May 27, 2011.

Student's Name	
Parent(s) or Legal Guardians(s) Name	
Street Address, Apt. No.	
City, State, Zip	
Parent(s) or Legal Guardian(s) Daytime Phone Number	
Emergency Contact Name and Phone	
School Name	
Grade	
School City District	

Please submit the following enclosures with this application:

- Completed Release and Indemnity Agreement (required).
- Letter from parent or guardian concerning special needs or requirements (if applicable).

Your son/daughter will be given the opportunity to complete an anonymous written survey concerning the workshops. The survey will take only a few minutes and seeks feedback designed to assist in improving any future such workshops. Participation in the survey is completely voluntary and your choosing not to have your child participate in the survey will not affect your child's participation in this or future workshops. Please check in the appropriate block below to indicate your consent or lack of consent for your child's participation in the anonymous written survey:

- ☐ I consent to my child's participation in the anonymous written survey.
- ☐ I do not consent to my child's participation in the anonymous written survey.

I hereby consent to my child's participation in the Multimedia Workshop conducted by the Computer Science Department as described in the attached Release and Indemnity Agreement.

Signature of Parent or Guardian

Printed or Typed Name of Parent or Guardian

Date

Recommendation of Teacher or Counselor (required)

Understanding the nature and objectives of Multimedia Workshop offered by the Computer Science Department of The University of Alabama in Huntsville, I recommend _____ for your consideration.

(Please enter full name of student in space above.)

Name, School, Title and Phone Number

Signature and Date

Please return completed application, with applicable enclosure(s), and Release and Indemnity Agreement to:

Ramazan Aygun

Address:

UAHuntsville

Computer Science Department

Technology Hall N360

Huntsville, AL 35899

Email: aygunr@uah.edu

Fax: 256-824-6239