

West 2 Community Schools Team Program & Blue Collar Actor presents...

# Film Making Part 2

Participants will perform both in acting & behind the camera to create short films.

Starts Wednesday Feb 11 <sup>th</sup> - Mar 4 <sup>th</sup>
Afterschool outside the library
Grades 4 & 5, maximum 8 participants
\$32 for the 4 weeks
Please make cheques payable to: <b>Vancouver School Board</b> (No child shall be left out due to funds).

The Instructor:

Jodi Pongratz has been Hudson's in-house acting instructor for 5 years now. Jodi is a film actor by trade here in Vancouver who creates and produces films, music and events. With a BA in Drama in Education and a Film Arts Acting certificate from Studio 58 Jodi has been teaching acting & film in various capacities for over twelve years. For more information or an extended bio please visit Jodi's website at

[www.bluecollaractor.com](http://www.bluecollaractor.com)

Program Contact:

Vancouver School Board, Community Schools Team:  
Jodi Pongratz, Community Team Instructor

[JPongratz@vsb.bc.ca](mailto:JPongratz@vsb.bc.ca)

778-714-1961

## Film making Part 2 Feb 11<sup>th</sup> – Mar. 4<sup>th</sup>

Please register with check or cash to office, or contact Jodi via email

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Information:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

email: \_\_\_\_\_ Other: \_\_\_\_\_

Alternate person to contact in case of an emergency:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Relationship: Father

Please list medical history/conditions...

Does your child have allergies? No

If YES, list \_\_\_\_\_

Does your child have anaphalaxis? No

If YES, list \_\_\_\_\_

Does your child have an EPI PEN? \_\_\_\_\_

Does your child take medication No

If YES, list \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Care Card # : 9 \_\_\_\_\_

**WAIVERS** PARTICPATION:

I hereby authorize my child's participation in this program. I know of no mental or physical issues, which may affect participation in this program. Signature of Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_

**MEDIA RELEASE:**

Please sign & date below if you are comfortable with your child being filmed and their videos being public online in a professional capacity either in a documentary or demo reel.

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_