



Teen Evening Ink Registration
2017-2018

Child's First Name: _____ Last Name: _____

Birthdate: _____ Grade: _____ School: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Student Phone: _____ Student E-mail: _____

1st Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Home: _____ Work: _____

E-mail: _____

2nd Parent/Guardian Name: _____ Relationship: _____

Cell Phone: _____ Home: _____ Work: _____

E-mail: _____

Alternate Emergency Contact Name: _____ Phone: _____

Describe any special learning concerns you might have for your child: _____

Describe any medical or health problems (i.e. allergies, asthma, diabetes, etc.): _____

- My child has my permission to independently depart (walk, bike, drive, etc.) upon dismissal.
- Someone other than parent/guardian listed above is picking up my child.
If so, complete the following:

Name: _____ Phone: _____ Relationship: _____

\$5 suggested donation appreciated per workshop, although not required

How did you hear about this group? _____

Do you have any suggestions for this or other programs in the future? _____

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

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The following demographic questions are optional. Information is used to report and apply to funders upon request. All information will remain confidential.

Child's Ethnicity - If more than one, circle all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> Appalachian | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> Pacific Islander/Hawaiian |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other _____ | |

Gender: Male Female **First language, if not English** _____

Does your child qualify for free or reduced lunch? Yes No

Photography and Videotaping Release

There will be an occasional need to take photos or video to document activities and events taking place during Lake Erie Ink programs. Students may be featured in this collection of data. **Please check one:**

- I give permission to the Lake Erie Ink to photograph/videotape my child while s/he participates in program activities.
- I do not give permission to Lake Erie Ink to photograph/videotape my child while s/he participates in program activities.

I understand that the photographs/ videotapes may be used in presentations, posters, brochures, advertisements, and on the Lake Erie Ink website and other promotional materials on behalf of Lake Erie Ink: a writing space for youth. All such photographs / videotapes will be maintained as the property of Lake Erie Ink: a writing space for youth.

Parent/Guardian Signature: _____ **Date:** _____

Author Consent to Publish

I give permission for Lake Erie Ink: a writing space for youth to publish my work in any Lake Erie Ink publication, including our student work anthology, website and blog, using my first name, last initial, and age. I understand and consent to the editing of my work for publication as long as my original purpose and meaning are respected. I understand that I still retain sole ownership and copyright to my work and I may use it for other purposes.

Author Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Freedom of Expression Policy

Lake Erie Ink believes in freedom of speech and respects the right of all participants to express themselves honestly and creatively. However, we reserve to right to contact parents/guardians/ school authorities if we feel the content of a participant's work suggests possible harm to self or others. I have read and consent to the Lake Erie Ink Freedom of Expression policy.

Author Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____