



Teen Evening Ink Registration  
2018-2019

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  Other \_\_\_\_\_ **First language, if not English** \_\_\_\_\_

### 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 the 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:** \_\_\_\_\_