



Lake Erie Ink: a writing space for youth  
Summer 2014 Creative Writers Camp  
Participant Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Student phone and e-mail: \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_

Parent/Guardian phone home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian e-mail: \_\_\_\_\_

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

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Lake Erie Ink welcomes and includes all students. Please describe any special learning concerns you might have for your child:

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The following demographic questions are optional but may help Lake Erie Ink to secure funding in the future. All information will remain confidential.

Child's ethnicity? \_\_\_\_\_ First language if not English \_\_\_\_\_

Does your child qualify for free or reduced lunch? \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Please mark the session(s) for which you are registering:

- Session I- June 16<sup>th</sup>-27<sup>th</sup> -Word Play: Puppetry and Playwriting (entering 3<sup>rd</sup>-8<sup>th</sup>) \$220
- Session II- July 7<sup>th</sup>- July 11<sup>th</sup> – Community Connections (entering 3<sup>rd</sup>-8<sup>th</sup>) \$110
- Session III- July 14<sup>th</sup>- July 18<sup>th</sup> – Comics and Graphic Storytelling (entering 3<sup>rd</sup> and up) \$110
- Session IV-July 21<sup>st</sup>- July 25<sup>th</sup> – Comics and Graphic Storytelling (entering 3<sup>rd</sup> and up) \$110
- Session V-July 28<sup>th</sup> – August 1<sup>st</sup> – Writing Outside the Box (entering 3<sup>rd</sup>-8<sup>th</sup>) \$110
- Session VI – August 4<sup>th</sup>-8<sup>th</sup> – Writing Outside the Box (High School Edition) \$110

*Please note there is a \$15.00 sibling discount. All checks should be made payable to Lake Erie Ink. Registration is nonrefundable but can be applied to future programming if you notify us in writing 1 week prior to the start of the camp session.*

Lake Erie Ink believes that all children should have the opportunity to express themselves and develop their voices as writers and citizens. Therefore, we offer full and partial waivers for participants. Please see the financial aid policy form for details.

**Space is limited; please mail in or drop off your registration materials along with registration fee(s) by May 30th to:**

Lake Erie Ink: a writing space for youth  
2843 Washington Blvd., Cleveland Heights, OH 44118

## Lake Erie Ink: a writing space for youth Author Consent to Publication

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 \_\_\_\_\_

## Lake Erie Ink: a writing space for youth Photography and videotaping release

There will be an occasional need to take photos or video to document activities and events taking place in Lake Erie Ink Summer Creative Writers Camps. 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 \_\_\_\_\_

## Lake Erie Ink: a writing space for youth 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.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lake Erie Ink: a writing space for youth EMERGENCY MEDICAL AUTHORIZATION

Purpose: To enable parents and guardians to authorize provisions for participant emergency medical care when parent/guardian cannot be reached. The information herein will be maintained on file as reference for such an emergency. The staff will consider this information when possible but is in no way committed to adhering strictly to this document when the health and safety of the child is in jeopardy.

Participant Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Parent/guardian #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Student home address: \_\_\_\_\_

## Alternate contacts in case of emergency:

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

## Medical Professionals:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Facts about which a physician should be alerted concerning your child's medical history including allergies, medications, artificial limbs, implants and any physical impairments:

\_\_\_\_\_

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery are obtained prior to the performance of such surgery.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The doctor named above to administer any treatment deemed necessary, or in the event the designated practitioners are not available another licensed physician or dentist may exercise the same authorization, and
2. The transfer of my child to any reasonably accessible hospital.

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Lake Erie Ink: a writing space for youth**  
**AUTHORIZED STUDENT RELEASE**

Whether your child needs to be picked up by someone occasionally or every day, we want to ensure her/his safety. Please sign below to authorize release of your child and note those who have permission to pick up your child. We will release your child only to the person(s) listed below.

(Name of Child): \_\_\_\_\_

**My child has my permission to walk home from the program upon dismissal.**

**Individuals who are authorized to pick-up my child:**

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

Optional:

**The following person(s) are not authorized to pick up my child from the program:**

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

Relationship to child: \_\_\_\_\_

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

Relationship to child: \_\_\_\_\_

**Parent/guardian signature: \_\_\_\_\_ Date \_\_\_\_\_**

## Lake Erie Ink's Financial Aid Policy

Lake Erie Ink believes that all children should have the opportunity to express themselves and develop their voices as writers and citizens. Therefore, we offer full and partial waivers for participants under the following circumstances:

1. If your family is going through a period of financial hardship, please complete the scholarship request form on our website.
2. If you have more than one child registered with in one Lake Erie Ink camp, the second child will be given a discount of \$15.

## Lake Erie Ink: a writing space for youth Field trip permission form

During camp, we may want to take your child outside on a walking field trips or to a nearby spot for writing inspiration. Parents will receive a schedule including any off-site travel on the first day of camp.

I grant permission for my child to travel off site with staff and volunteers of Lake Erie Ink

on foot

on public transportation (bus or rapid transit)

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_

Emergency name(s) & phone # \_\_\_\_\_

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I understand that the Lake Erie Ink: a writing space for youth staff and volunteers will exercise every reasonable caution in supervising the field trip. My child understands that s/he must follow all of the safety rules established by the staff and volunteers, and that failure to follow rules that could place him/her or others in danger will mean that my child may not be permitted to attend future field trips. I release Lake Erie Ink: a writing space for youth from all liability in case of accident or injury.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Guidelines Lake Erie Ink Summer Camp

1. Participants may not leave LEI summer camp before dismissal, unless they are picked up by an adult listed on the authorized student release form.
2. Participants must respect and listen to one other and the LEI staff & volunteers. Bullying will not be tolerated. This includes:
  - **physical bullying:** hurting someone or threatening to hurt someone
  - **verbal bullying:** name calling, teasing, and insults
  - **relationship bullying,** such as refusing to talk to someone, talking unkindly about someone, or trying to get someone to do something they don't want to do.
3. Participants will inform staff if they are experiencing a problem with another participant or volunteer.
4. Participants will respect the property of others, including the Lake Erie Ink facility, the supplies, the private property and the creative work of other participants, staff and volunteers.
5. Participants will remain in the areas designated as Lake Erie Ink's property.
6. Participants will keep personal items that might cause a distraction or disturbance, inside of their backpack. Lake Erie Ink will not be held responsible for the theft of or damage done to any personal items, including cell phones, laptops, or electronic games.

### Lake Erie Ink Participant Agreement

- I agree to respect all participants in the Lake Erie Ink Creative Writers Camp, so that all participants are able to grow and take creative risks as writers.
- I agree to follow the behavior guidelines of Lake Erie Ink.
- I understand that if I do not abide by this agreement, I will be dismissed from the program and my registration fees will not be refunded.

*Signing your name below says that you have read and understood these guidelines and agree to follow them while you are a participant in Lake Erie Ink Creative Writers Camp.*

Camper Name (please print) \_\_\_\_\_

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_