



FALL 2018 @ 2121 BERKELEY WAY, UC BERKELEY

YOUNG WRITERS WORKSHOP

8 WEDNESDAYS // 10/17 - 12/12 (NO 11/21) // 4:00 PM - 6:00 PM // 4TH - 8TH GRADERS // \$225.00

Student's Name: _____

Parent/Guardian's Name: _____

Street Address, City, State and Zip: _____

Contact Phone: _____ Contact Email: _____

Student's School & Grade: _____

Registration: \$225.00
Includes all costs for the entire camp.

Cancellation Fee:
\$50 will be retained by BAWP for all cancellations before 10/1/18. \$100 will be retained by BAWP for all cancellations made on or after 10/1/18. There are no refunds for cancellations made on or after the first day of the course.

Questions?
Email the BAWP office at bawp@berkeley.edu.

Payment: You may pay online with a credit card, with a check or cash (in person only when paying with cash).

Please make your check payable to "UC Regents" and mail to:

Bay Area Writing Project
Graduate School of Education
University of California
2121 Berkeley Way
Berkeley, CA 94720-1670

Save time - pay Online! bayareawritingproject.org/yww/

Berkeley Graduate School of Education
UNIVERSITY OF CALIFORNIA

WAIVER OF LIABILITY

Child's Name: _____

To accept registration and permit participation in these programs by the above individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless the University of California, the Bay Area Writing Project, its instructors and representatives from any claim arising out of injury to the above named individual. We also hold harmless the University of California, the Bay Area Writing Project, its instructors and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

In addition, I give permission to reprint, without charge, any photographs of my child taken at the Bay Area Writing Project's After School Writing Club. These photographs may be published at a future date in various publications of the Bay Area Project for promoting the writing camps.

Parent/guardian's signature: _____

Date: _____

BAY AREA WRITING PROJECT

EMERGENCY INFORMATION

STUDENT'S LEGAL NAME: _____

STUDENT'S DATE OF BIRTH: _____

LEGAL RESIDENCE ADDRESS: _____

HOME NUMBER: _____

WORK NUMBER: _____

CELL NUMBER: _____

*List below **two** names of nearby friends or relatives who may be contacted in an emergency from 9:00 a.m. to noon during the writing camp.*

FIRST EMERGENCY CONTACT:

NAME: _____

HOME NUMBER: _____

WORK NUMBER: _____

CELL NUMBER: _____

DAYTIME ADDRESS _____

SECOND EMERGENCY CONTACT:

NAME: _____

HOME NUMBER: _____

WORK NUMBER: _____

CELL NUMBER: _____

DAYTIME ADDRESS _____

Please list below any medical conditions or allergies the student has that the teacher should be aware of:

Internet Usage Permission Form

Dear Parent or Guardian:

With your permission your child will be able to access the Internet during his/her participation as a student of the Bay Area Writing Project Camps. Below are the rules for use at the host school.

Guidelines for Internet Usage

1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
2. Respect for the equipment of the school and its network is a condition for use of the computers. Consequences of damaging school property can include suspension from camp.
3. Students are to notify their camp teacher immediately if the computer they are using has been damaged or if they encounter any disturbing information on the web or in e-mail.
4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Students are not to change their password to any of their accounts during camp or allow another student to use their account to access the Internet or school network.

Permission

PARENT/GUARDIAN: I _____ give permission for my child to access the Internet, receive an email account and/or publish camp-related information and pictures on the Internet in accordance with the above guidelines.

STUDENT: I _____ have also read the above and will honor the Guidelines for Internet Usage as a participant of The Bay Area Writing Project Camps.

Approved Pick-Up/Drop-Off List

Arrival

Supervision and arrival for our program begins 10 minutes before the official start of our after school class. Teachers will be available to accept children at the site's designated arrival spot from 10 minutes before our class until the start of the class. Please make late arrival arrangements in advance with the teachers.

Absences

It is the parent/guardian's responsibility to notify the teachers of any late arrivals or absences. The Bay Area Writing Project will not grant refunds for days missed due to tardiness, illness or other reasons.

Pick Up

Please pick up your children on time. Staff is only available for 10 minutes after the end of class. An approved pick-up list must be completed before the start of class. The names indicated on each child's form will be the only people authorized to pick the child up. In the event that a parent/guardian would like to add another name to the list after submitting the form, an email or written note handed to the teacher will be sufficient.

Late Pick Up

The Bay Area Writing Project late pick up policy: A late pick-up fee of \$20.00 with an additional \$1.00 for each minute will be charged beginning 10 minutes after the end of class. Late fees will rise to \$2.00 per minute if the child has been picked up late more than twice. A child may be dropped from the program at the discretion of the main office. Please be courteous and pick up your child on time. We do not have the staffing available to stay late with your child. All late payments must be provided upon arrival and paid directly to the teacher.

I have read the arrival and dismissal policies YES []

Student Name: _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Phone: _____

Parent(s)/Guardian(s) Email(s): _____

Relationship(s) to Child: _____

Additional, approved adults who may pick-up or drop-off student (All adults must be prepared to show ID if questioned by school staff):

1. Name _____

Relationship to Student _____

Phone _____

Email _____

2. Name _____

Relationship to Student _____

Phone _____

Email _____

My child is approved to walk home

YES []

NO []

Parent/Guardian Signature:

Date:



ASSIGNMENT OF PHOTOGRAPHIC, MOTION PICTURE, VIDEO, AND SOUND RECORDING RIGHTS

I, _____, hereby authorize THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (the "University") and its officers, agents, and employees, to photograph, record, film, or videotape me.

Name (please print)

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving the University of California's mission of research, education, and public service, and for promoting the public good.

I hereby assign to the University all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and I hereby irrevocably authorize the University, its officers, agents, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute, in any medium now known or later developed, any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purposes expressed above.

I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

ADDRESS: _____

I hereby certify that I am over 18 years of age: _____
Initials

For subjects under 18 years of age: I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

PRINT NAME: _____

I have read and received a copy of this release: _____
Minor's Initials

Witnessed By:

SIGNATURE: _____ DATE: _____

PRINT NAME: _____