

For valuable consideration, I do hereby authorize Always Writing 4 U and those acting pursuant to its authority to:

1. a) Record my students' participation and appearance on videotape, website promotion, audiotape, film, photograph or any other medium.
2. b) Use my name, likeness, voice, pictures, performance and in connection with those recordings.
3. c) Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which Always Writing 4 U and those acting pursuant to its authority, deem appropriate.
4. d) Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which Always Writing 4 U and those acting pursuant to its authority, deem appropriate.

This release shall remain in effect unless revoked in writing.

Student Name: _____

Parent Name: _____

Address: _____

Parent Phone: _____

Parent e-mail: _____

Parent Authorizing Signature: _____

Date: _____

**Use of images has no expiration date and may always be used by Always Writing 4 U.*

Minor Medical Treatment Authorization Form

*Please make sure information is legible.

Child

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: _____ Allergies: _____

Treatment that the child is currently receiving: _____

Start Date: _____

Treatment that the child has previously received: _____ Start Date: _____

End Date: _____

Other medical information: _____

Doctor's Information

Doctor's Name: _____

Clinic Address: _____

Office Phone Number: _____ Emergency Phone Number: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Parent(s)/Legal Guardian(s):

Parent #1:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

Parent #2:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Home Phone Number: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Email: _____

Additional Contact Information: _____

Emergency Contact:

Name: _____
Address: _____
Home Phone _____ Work Phone: _____
Number: _____
Cell Phone: _____ Pager: _____
Email: _____
Additional Contact
Information: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for _____ Kristy Thomas and/or on campus supervising teacher or administrator _____ to: _____
Supervising Adult

- Administer general first aid, including approved medication, CPR and Epi-Pen.
- Seek medical attention for the child, including contacting medical personnel and transporting child to the necessary clinic or hospital.
- Issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and administered by any licensed physician, surgeon, dentist, or medical personnel.

This authorization is given, prior to any immediate or pressing medical need, in order to provide the power of decision and the authority to act on the prudence and judgment of the Supervising Adult, with the provided input of authorized medical personnel.

This medical consent is authorized to begin on _____ day of _____ 20 _____
the _____ day of _____ 20 _____
and will cease to be in effect on the _____ day of _____ 20 _____

Signed this _____ day of _____ 20 _____

Parent #1's Signature

Parent #2's Signature

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

This document was acknowledged before me on _____ by

(Signature of Notarial Officer)

Notary Public for the State
of _____
My commission expires: _____

FINANCIAL CONTRACT & PERMISSIONS
Always Writing 4 U Speech Camp

Parents and/or Guardians:

By signing and dating the below and supplying your deposit for the camp, which is a *NONREFUNDABLE FEE you are guaranteeing your student a place in the speech camp. **The deposit is half of the cost of your child's camp.**

High School tuition NO piece supplied: \$575

High School tuition w/ piece supplied: \$625

High School tuition w/ POI: \$675

- If you need to purchase camp on a payment plan, which would require monthly installments until camp is paid in full please contact us at kristy@alwayswriting4u.com and we will send you that breakdown and ways to send payment.
- Final payment for camp is due no later than May 31, 2022 to ensure that camp is paid for before school ends.
- If your school is paying for your student OR is paying a portion, your portion is due by May 31, 2022.
- You will receive a receipt of payment should you choose to send in a check, which is preferred.
- If final payment is not received and no communication from you to us has happened by the deadline to set up alternative dates you will forfeit your deposit and any other monies that have been paid.
- If for any reason your student does not complete the camp you are still obligated to the monies owed to the hosting business Always Writing 4 U.
- If additional performance pieces are supplied, you will owe the additional fee for these pieces the day after the piece is provided. Receipts will be provided to your student upon receipt of funds.

I _____ understand that by turning in this paperwork and deposit I am securing my student a spot in the speech camp operated by Always Writing 4 U owned by Kristy Thomas. I further understand that if my child requests and is supplied a piece by the camp director I am also obligated to pay for this additional service.

*If your school is paying some or all of the financial obligation for your student, PLEASE still sign the next page. Thank you.

*Final signature is on the next page.

PERMISSIONS

The following information is specific to expected behavior during the summer camp.

- Students are expected to be on their best behavior during camp giving 100% of the week to the active participation in the experience.
- Students maybe dismissed from camp for not following the rules and/or being told multiple times of things they are doing that are unacceptable behavior. *Parents will be contacted.
- Students are expected to stay in the designated areas of the school that we are utilizing for camp.
- Any vandalism of any kind is grounds for immediate dismissal from camp which is nonrefundable. In addition, the administration of the host school will be informed of any situations and with that comes the potential of further discipline.
- Students are **HIGHLY** encouraged to bring a sacked lunch daily. With only one designated hour for lunch staying in the building for lunch is the safest option we, Always Writing 4 U staff, can support. There will be access to a microwave as well as a designated place for students to eat.
- If your child does not return from lunch the parent will be notified.
- If students are not attending, not returning from lunch or arriving to camp late an e-mail is required. We are responsible for students during the camp. When a child does not attend or return our assumption is that they are supposed to be with us and if they are not a parent/ guardian needs to be

ALWAYS WRITING 4 U SUMMER CAMP PAPERWORK

notified. Communicating late arrivals or absences saves us time on contacting that doesn't need to happen.

- Students are expected to clean up after themselves every day in all of the spaces utilized.
- Always Writing 4 U is **NOT** responsible for students who leave campus for lunch during camp. Nor will the business supervise or take responsibility for anything that happens outside of the camp location and boundaries. (Which are specific to inside the host school.)
- Please make sure your student knows, understands, and respects the rules of driving other teens in their cars should you allow them to leave campus for lunch. *We cannot express enough how important this.
- If, with parent permission, students leave campus for lunch they are expected to return on time and ready to work in the afternoon.

I, _____ understand all of the above information that states I am responsible for ensuring that my child follows the expectations of the camp. If my child drives or gets into a car of another camp attendee that choice is not the decision of the camp nor, are they responsible for my child once they leave the designated school building.

*This signature is for BOTH: Financial Contract & Permissions pages

Parent Name Print: _____

Parent Signature: _____

Date: _____

School camp is to be hosted at: **North Mesquite High School**

Daily: **9:00- 4:30 (one hour lunch)**

Date: **June 27- July 1, 2022**

*Please make a copy and keep it for your files. This form must be turned in with your child's deposit. ***Final payments due before or by May 31, 2022.**

Kristy Thomas Interp Workshop Worksheet

*Please type your responses and return it to kristy@alwayswriting4u.com

Student Name:

School you attend: (Name and state)

Date of online camp attending:

Student preferred e-mail address:

Parent name(s):

Emergency Contact:

Student cell number:

FORENSICS INFORMATION:

Will we be supplying a piece for you? If so for what event? _____

***Please attach a picture so that we can begin to pull scripts for you.

Grade:

Interp goal for the upcoming season: (2-3 sentences)

Event you plan on working on at camp:

Goal for the week of camp: (1-2 sentences)

Your strongest event:

Accomplishments/ awards:

Camp daily needs: composition book, pen, copy of script, positive attitude, bagged lunch