

ALWAYS WRITING 4 U SUMMER CAMP PAPERWORK

Welcome to Always Writing 4 U Summer Camp! On behalf of the AW4U staff I would like to express how excited we are for another powerful summer filled with awesome students doing great work. Below is all the information that we need filled out in full and returned to your students coach asap. Please note pages 2-4 the medical form. The final page, page 4 requires a notary. You should be able to find one at your students' school or at your local bank. Thank you for allowing my staff to work with your student.

Wishing you all the best in all things,

Kristy Thomas

Owner: Always Writing 4 U
Educator | Publisher | Writer

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.
Always Writing 4 U Kansas City, MO 64134*

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:

Treatment that the child has previously received: Start Date:

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
Always Writing 4 U Speech Camp

Parents and/or Guardians: *Parent only signs IF they are paying for student’s camp fees.

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.

Tuition NO piece supplied: \$600 (student comes with a piece to work on)

Tuition w/ piece supplied: \$650

Tuition OO/ INFO: \$600

Tuition w/ POI: \$700

- 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, 2024 to ensure that camp is paid for before school ends.
- 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.

Parent name: _____

Student name: _____

Parent signature: _____

Date: _____

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

*Make all checks payable to: Always Writing 4 U

*Final signature is on the next page.

PERMISSIONS CONTRACT INFORMATION

The following information is specific information and expected behavior during the summer camp. By signing you recognize all expectations and information and give permission for your student to participate.

- Students may have work sessions with coaches that are located in another state (hybrid). This will be done by students logging into the Always Writing 4 U zoom room and being placed in the virtual room of this coach online by the camps adult stage manager.
- AW4U tries to offer a safe inclusive space for all students to participate, express themselves and work in a positive environment. If a student has any concerns, they should address them with the designated Belonging and Inclusion Advocate. This person will be one of the full-time coaches and will be introduced to the students at the meet and greet zoom prior to camp. They may also speak with any other staff that they are comfortable with.
- 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 daily.
- 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 notified. Communicating late arrivals or absences saves us time on communication 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. Always Writing 4 U cannot give permission for students to or not to ride with your student. This information should be communicated to them so they are aware of the rules that have been set in place by the parent. *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.

PERMISSIONS CONTRACT

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: Permissions page (page 6)

Parent Name Print: _____

Parent Signature: _____

Student Name: _____

Date: _____

School camp is to be hosted at:

Cypress Creek High School

9815 Grant Rd.

Houston, TX 77070

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

Date: July 22-26, 2023

*Please make a copy and keep it for your files. This form must be turned in with your child's deposit and full paperwork. ***Final payments due before or by May 31, 2024.**

Always Writing 4 U Interp Workshop Worksheet

*Please type your responses OR write clearly

Student Name:

School you attend: (Name and state)

Date of online camp attending:

Student preferred e-mail address:

Parent name(s):

Emergency Contact Number (supply more than one if you would like):

1.)

2.)

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. ONLY for HI, DI and DUO.

Grade (you will be in):

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

Event you pan 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