

SummerWrite in the Branches Registration Form

SummerWrite in the Branches are tuition-free, week-long afternoon camps, for children ages 8 - 13, administered by Writers & Books, and hosted at Phillis Wheatley, Sully, Lincoln, and Arnett Branch libraries.

To register, please complete this form and return to your librarian. You may also register online at wab.org/summerwrite-2024-camps.

Which camp(s) are you registering for?

- Young Author's Club** at Phillis Wheatley Branch Library, July 15-19, 2024, 1-4 pm
- It Could Happen Here** at Sully Branch Library, July 22-29, 2024, 1-4 pm
- The World in Pictures & Words: Graphic Novels** at Phillis Wheatley Branch Library, July 29-August 2, 2024, 1-4 pm
- Bilingual Camp: The Poetry of You/La poesía acerca de tí** at Lincoln Branch Library, July 29-August 2, 2024, 1-4 pm
- Tales from Your Mind** at Arnett Branch Library, August 5-9, 2024, 1-4 pm

Camper Information

First Name _____ Last Name _____

Age ____ Date of Birth ____/____/____ Gender _____ Pronouns _____

Parent / Guardian Information

Parent / Guardian #1:

First Name _____ Last Name _____

Relationship to Camper _____ Pronouns _____

Email _____ Phone _____

Address _____

City _____ State _____ Zipcode _____

Parent / Guardian #2:

First Name _____ Last Name _____

Relationship to Camper _____ Pronouns _____

Email _____ Phone _____

Emergency Contact

First Name _____ Last Name _____

Relationship to Camper _____ Pronouns _____

Phone(s) _____

Authorized Pickup

(if not already listed above)

First Name _____ Last Name _____

Relationship to Camper _____ Pronouns _____

Medical Information

Does your child have any allergies?

Yes

No

If Yes, please list allergies in the space below, indicate severity, and/or if an EpiPen is required.

Does your child take any medication (including any allergy medication your child carries, and any medication taken at home)?

Yes

No

If Yes, please list medications, condition and/or purpose.

Are there any other medical issues we should be aware of? (Including but not limited to: ADD, ADHD, Autism, Aspergers, etc.)

Any additional information that will help us best serve your child.

EMERGENCY/MEDICAL CONSENT AUTHORIZATION (REQUIRED)

If my child requires emergency medical care and I cannot be reached, I give my consent to the Writers & Books / SummerWrite Staff to contact the individuals I have listed on the registration form. Those individuals have permission to make decisions regarding the daily care and medical care of my child, including permission to pick up my child(ren) from the program at any time.

In the event of the program’s inability to locate me, or the emergency contact designee(s), I give permission to the Writers & Books / SummerWrite staff to take such emergency measures as they deem appropriate until such time as emergency contact designee or myself can be contacted. I will not hold Writers & Books or their employees responsible for any injury or other harm that results from program participation.

I agree to pay all of the costs associated with the emergency care that my child receives. I understand that the program assumes responsibility for my child(ren)’s well-being during the hours of the program and will make every effort to immediately contact me should any type of emergency arise.

Writers & Books / SummerWrite staff will provide only basic first aid. If my child(ren) require(s) additional treatment I will be notified.

- I understand and agree to the terms and conditions detailed in the Emergency/Medical consent statement.

CHILD PARTICIPATION (REQUIRED)

- I give permission for my child to participate in all workshop or day camp activities on and off Writers & Books property.

PHOTOGRAPHY CONSENT

- I give permission to Writers & Books to use any photographs or videos in which my child appears or any writings or art my child generates in workshops in promotional print materials such as SummerWrite flyers, on the SummerWrite blog, or Writers & Books website. Students will never be identified by full name in any of these formats. Student images and work will not be used for any other purpose than that which is stated here.

Parent/Guardian Signature _____ Date _____