

2018 TEEN SUMMER WRITING CAMPS

BAY AREA WRITING PROJECT & UC BERKELEY GRADUATE SCHOOL OF EDUCATION

Save time - pay Online! www.bawpwritingcamp.org

Student's Name _____

Parent/Guardian's Name _____

Street Address _____

City _____ State _____ Zip _____

Preferred contact phone # _____

Preferred contact email _____

Student's School in 2018-19 _____ Student entering _____th grade

School City _____

Please select your workshop(s) below:

Sourcing from the Self

June 18 – June 29, 2018
9:00 am – 12:00 pm
\$550.00

Flash Fiction

June 18 – June 29, 2018
1:00 pm – 4:00 pm
\$550.00

Scenes by Teens

June 18 – June 22, 2018
9:00 am – 12:00 pm
\$320.00

Personal Statement

June 18 – June 22, 2018
9:00 am – 12:00 pm
\$320.00

Backpack Journalism

June 25 – June 29, 2018
9:00 am – 12:00 pm
\$350.00

Sports Writing & Reporting

June 25 – June 29, 2018
1:00 pm – 4:00 pm
\$350.00

Poetry and Performance

July 9 – July 13, 2018
9:00 am – 12:00 pm
\$320.00

Craft of College Writing

July 16 – July 20, 2018
9:00 am – 3:00 pm
\$520.00

League of Hip Hop Justice

July 16 – July 20, 2018
12:00 pm – 4:00 pm
\$380.00

Creative Writing 101

July 23 – August 3, 2018
10:00 am – 1:00 pm
\$520.00

Explore Your Truth

July 23 – July 27, 2018
9:00 am – 12:00 pm
\$320.00

Tuition:

Includes all costs including materials and facilities fees.

Sibling Discount:

Subtract \$50 from the fee for the second child.

Questions?

Email the BAWP office at bawp@berkeley.edu.

Cancellation Policy:

\$50 will be retained by BAWP for all cancellations before 6/1/18. \$100 will be retained by BAWP for all cancellations made on or after 6/1/18. There are no refunds for cancellations made on or after the first day of camp.

BAWP Scholarship Foundation:

Check here if you would like to include an additional (tax deductible!) amount with your payment to help another student attend our summer programs.

Amount: \$ _____

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

Bay Area Writing Project
University of California
3639 Tolman Hall
Berkeley, CA 94720-1670

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:*

Approved Pick-Up/Drop-Off List

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 _____

3. Name _____

Relationship to Student _____

Phone _____

Email _____

My child is approved to walk or take the bus home without a guardian at dismissal

YES [] NO []

Parent/Guardian Signature:

Date:

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.

WAIVER OF LIABILITY

Camper Name: _____

To accept registration and permit participation in these summer 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 Summer Camp. 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: _____



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: _____