

# 2019 MIDDLE SCHOOL SUMMER WRITING CAMPS

BAY AREA WRITING PROJECT & UC BERKELEY GRADUATE SCHOOL OF EDUCATION

Save time - pay Online! [www.bawpwritingcamp.org](http://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 2019-20 \_\_\_\_\_ Entering Grade: 6th 7th 8th

School City \_\_\_\_\_

## Please select your workshop(s) below:

### Poetry and Performance

July 8 – July 12, 2019

9:00 am – 12:00 pm

\$320.00

Do you have a series of poems stashed in your notebook? This course reveals the tools poets use to make a poem burst from the page in timeless wonder. You will gain observational skills and learn literary techniques so you can express yourself in a range of poetic forms. To inspire writing, we will read classic poets such as Nikki Giovanni and Gary Snyder as well as spoken word artists like Kate Hao, Mayda del Valle, and Mark Gonzalez. You will also practice performing dramatic readings of your own poetry. By the end of the week-long workshop, you will walk away with a series of writing exercises to use on your own and resources about where to perform or publish. No previous poetry or performance experience is required.

### Intro to Creative Writing

July 22 – August 2, 2019

9:00 am – 12:00 pm

\$520.00

Calling All Young Authors! Have you dreamed about writing your own story, but weren't sure where to start? Maybe you have a bunch of ideas in your head or stashed away somewhere, and are just looking for a way to pull it all together. This workshop is for you! We will spend two weeks learning about the elements of plot, developing characters, writing dialogue, creating vibrant settings, and more. In this workshop, we will spend time both reading and writing together—using model texts to learn tips and tricks, and then letting the creativity flow. We'll be drafting and crafting to work toward an individual, finished short story and a class anthology. Join us this summer—you'll be the author!

### **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](mailto:bawp@berkeley.edu).

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

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

### **Cancellation Policy:**

\$50 will be retained by BAWP for all cancellations before 6/1/19. \$100 will be retained by BAWP for all cancellations made on or after 6/1/19. 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: \$ \_\_\_\_\_

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: \_\_\_\_\_