



YOUNG WRITERS INSTITUTE WINTER REGISTRATION
FOR STUDENTS GRADES 4-8 (10AM-1PM) and GRADES 9-12 (12-3PM)
January 28 - March 3, 2012

Please print clearly.

Student name _____

Date of birth _____

Male _____ Female _____

Parent/Guardian's name

Email Address: _____

Street
Address _____

City _____ Zip _____

Student's home phone with area code:

Parent's daytime phone with area code:

Alternate emergency contact and phone:

Student's Current School

Student's School District

Student's Current Grade

Please place my child in a group with
(Please print child's name)

TUITION & PAYMENT

First Child in Family = \$250
Additional Children in Family = \$225 per child

Please send full payment of \$250 or a deposit of \$125 with this registration. Tuition must be paid in full by January 28th. **Make check or money order payable to the University of Pittsburgh/ WPWP.** Withdrawals from the program may be made until January 23rd and \$25.00 of the tuition is non-refundable.

**REGISTRATION DEADLINE:
January 23, 2012**

Scholarships are available based on Parent's need. **A minimum payment of \$25 is required for students receiving scholarships.** Written verification from your child's teacher or school administrator that the child is eligible for the School Lunch Program is sufficient. If your child does not qualify for the school lunch program, but needs financial assistance to attend, please send a letter and a copy of the parents' previous year's W2 tax form. A limited number of scholarships are available, so please apply early.

Scholarship requests **must** include:
_____ Verification of eligibility for School Lunch Program
OR previous year's W-2 and a letter of need
_____ \$25.00 minimum payment enclosed

Previously attended Young Writers Institute?
Yes _____ No _____

Please mail completed registration packet and payment to:
**University of Pittsburgh
Western Pennsylvania Writing Project
WWPH 5318
230 South Bouquet Street
Pittsburgh, PA 15260**

Authorization for emergency treatment

Please print clearly.

I, _____,
(Parent's/Guardian's signature and date)

authorize the staff of the Young Writers Institute to seek emergency medical treatment for my child, _____,
(Child's name)

in the event that I or my emergency contact cannot be reached.

Emergency contact :

Name: _____

Relationship: _____

Phone: _____

Please specify any items below we should be aware of:

___ allergies: _____

___ medications _____

___ dietary restrictions _____

___ medical problems _____

___ special needs _____

PUBLICATION PERMISSION FORM
Young Writers Institute
Western Pennsylvania Writing Project

I, _____, give my permission
(Parent's Name)

For the written work of _____ and/or
(Child's Name)

art work to be published in the Young Writers Institute Anthology for

his/her site. Anthologies will be distributed to participants in the Young

Writers Institute and will be used to demonstrate and promote the work of

the Western Pennsylvania Writing Project. This permission covers print

and electronic publishing formats.

I also give permission for photos of my child to be used in the e-anthology

and promotional publications of the Western Pennsylvania Writing Project.

Permission granted for:

Written Work _____ Artwork _____ Photos _____

Parent's signature: _____

Date

Student's signature: _____

Date

University of Pittsburgh
Western Pennsylvania Writing Project
YOUNG WRITERS INSTITUTE

Field Trip Permission and Release Form

During the Young Writers Institute, students and the Institute staff may take field trips to places of interest. The Institute staff will inform you of specific plans in advance. These group experiences promote and enrich your child's writing. Please sign this permission and release form and return with the registration packet. The site leader and your child's teachers and staff will be able to answer questions about field trip plans.

I, _____, give permission for my
(Parent Name)

son/daughter, _____, to participate in field
(Child Name)

trips under the supervision of her/his teachers as a part of her/his participation in the Young Writers Institute. I will receive information on specific plans in advance of field trips and may withdraw my permission in advance of any trip. I hereby release and promise not to sue the University, its employees and agents for any and all liabilities, claims or costs that may arise in connection with the Young Writers Institute field trips. I recognize that this release means that I am giving up any right to sue the University for injuries, damages or losses that my child or I might incur.

Signature of Parent/Guardian:

_____ Date _____

Waiver of Liability

THE PITTSBURGH CULTURAL TRUST

EDUCATION CENTER – 805/807 Liberty Avenue

I _____, hereby agree and understand that I/my child will be

(NAME)

voluntarily attending and participating in: _____ at the

Pittsburgh Cultural Trust's Education Center, located at 805/807 Liberty Avenue,

Pittsburgh, PA 15222 on: _____.

I understand that this is a physical activity and inherently involves a risk of injury. I understand that this activity will involve: _____

My/My child's doctor has approved me/my child for such physical activity.

In consideration for my/my child's participation in this activity, I hereby agree to indemnify and hold the Pittsburgh Cultural Trust, any of its employees, assistants, successors, assigns, subsidiaries, agents, and affiliates harmless for any injury to myself/my child resulting from my/my child's participation in this activity. I voluntarily assume full responsibility for any loss, property damage, or personal injury to myself/my child. I will not sue the Pittsburgh Cultural Trust or any of its employees, assistants, successors, assigns, subsidiaries, agents, or affiliates for any injury, loss or property damage resulting from my/my child's participation in this activity.

I understand that if I am not willing to assume these risks, I should not participate in the activity.

I agree that I/my child am/is expected to follow all rules and instructions set out by the instructor and/or the Pittsburgh Cultural Trust. I understand that I/my child can be asked to leave for failure to comply with any rule or instruction.

In signing this waiver, I hereby understand the inherent risks of participating in this activity and fully agree to the terms and conditions set forth above.

I give my permission as legal parent or guardian to allow _____ (name) to be included in photographs or videotape which may be taken at this event for the public relations and promotional purposes of The Pittsburgh Cultural Trust. These images or voice recordings may be used without prior contact by The Pittsburgh Cultural Trust.

Date: _____

Signature: _____

Parent/Guardian of: _____