

## YOUNG WRITERS CAMP

### June 23-27

**The deadline to register** is two weeks prior to the camp starting date. After the deadlines, we may not be able to add additional campers, although you are welcome to ask.

**Please print, complete, and mail form and check (payable to *Southeastern Louisiana Writing Project*) to:**

Southeastern Louisiana Writing Project  
c/O Dr. Richard Louth  
SLU 10327  
Hammond, LA 70402

*Camp fee: \$195.00.*

*A separate form must be completed for each child.*

*Please print*

#### Child

Male \_\_\_\_\_ Female \_\_\_\_\_  
 First name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade (Fall 2005) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Parent/guardian

First name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Emergency Information

Parent/guardian contact information:

Day/work (\_\_\_\_) \_\_\_\_\_ Home/night (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency contact person:

*(other than parent or guardian)* Name \_\_\_\_\_ Day/work (\_\_\_\_) \_\_\_\_\_

#### Medical Information

I, on behalf of myself, my heirs, legatees, personal representatives, and all those claiming by or through me consent to, and so hereby discharge and release and forever hold harmless Southeastern Louisiana University and their affiliates, sponsors, agents, servants, employees, assigns, successors, and heirs and any facility at which events are held, from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage of whatever nature or cause, incurred by me (or my child) arising out of or in any conjunction with my (or my child's) participation in the aforementioned competition. I hereby consent I am of legal age and capacity and have read and understand the contents of the Consent and Release.

Signature of parent/guardian \_\_\_\_\_

#### Emergency Hospital Permission

I hereby give my permission to any adult working with a Southeastern camp to drive my child to the emergency room of the hospital checked below in the event of a medical emergency.

**Main campus :** \_\_\_\_\_ North Oaks Medical Center

\_\_\_\_\_ Other *(please write in)* \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number (\_\_\_\_)\_\_\_\_\_

List all allergies or special medical information of which camp personnel should be aware.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other than yourself, who do you designate to pick up your child from camp? *(Please inform them that a picture ID may be required.)* Name \_\_\_\_\_

**Photo/video release**

The Southeastern Public Information Office and/or the Southeastern Channel may take photographs of or video some camp activities. These photographs/videos could be used in publicity materials sent to area media, in university publications, videos, and advertisements, or on the university web site. Do you give permission for your child to be photographed/videotaped by Southeastern?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please check the camp for which you wish to register your child.	Date	Fee	Total
<input type="checkbox"/> <b>Young Writers Camp</b>	June 23-27	\$195	
<b>Total Fees</b>			_____

5/1/08