

Southeastern Louisiana University Writing Project
YOUNG WRITERS CAMP
June 22-26, 2009

The deadline to register is one week prior to the camp starting date. After the deadline, 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 2009) _____

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, whom 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 _____