

YWA Lively Literature Camp Form – 2010

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Child's Name _____
DOB _____ Gender ____ Grade completed 6/2010 _____
School _____
District _____
Mailing Address _____
City _____ State ____ Zip _____
Child resides with _____

Parent or Guardian _____
Work Phone () _____ Cell Phone () _____
E-mail _____
Parent or Guardian _____
Work Phone () _____ Cell Phone () _____
E-mail _____

TUITION

SESSION: My child will attend (*choose one*):

- Middle School Camp: July 12 – 16, grades 6 – 7
 Elementary Camp I: July 19 – 23, grades 4 – 5
 Elementary Camp II: July 26 – 30, grades 3 – 4

Non-refundable Registration Fee, *due with registration* \$25

Tuition, *due on or before July 1, 2010* \$189

Field Trip Fee, *due on or before July 1, 2010* \$30

Sponsor a student: 1/2 or full tuition _____

Sponsorship is a tax-deductible donation to YWA. If you donate an equal amount to the Oregon Cultural Trust, you will also receive a full dollar-for-dollar tax credit against your Oregon income tax liability.

SCHOLARSHIP: Please include a scholarship registration.

- Two partial scholarships will be awarded per session.

Lively Lit. Camp T-Shirts! 100% Cotton • \$15.00 ea.

YOUTH SIZES: XS(2-4) ____ S(6-8) ____ M(10-12) ____

L(14-16) ____ XL(18-20) ____

ADULT SIZES: S ____ M ____ L ____ XL ____

Quantity ordered: _____ x \$15.00 = _____

TOTAL ENCLOSED: _____

No refunds can be given after July 1, 2010.

➔ **E-mail address for confirmation and program information:** _____

HEALTH FORM

I authorize appropriate personnel to secure for _____ the services of emergency transportation, a physician, a dentist, or hospital, in the event of an accident or illness. I will be responsible for payment of all services incurred for my child while in this program. This consent for treatment is in effect only during the actual program hours and dates the above named child is attending this program. Furthermore, it is understood that in the case of serious illness or emergencies, I will be contacted immediately. Any directions to the contrary should be specified below and signed by the parent or guardian.

If deemed advisable by the program staff, I hereby give my permission for non-prescriptive medication (Tylenol, neosporin, etc.) to be given to my child. (*mark one*) Yes No

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

If your child has medical and/or dental coverage, it is important for us to have this information: Medical and Dental Insurance carrier covering student: _____ Policy # _____

EMERGENCY CONTACT, if unable to reach parent/guardian:

Name: _____

Relation to child: _____

Address: _____

Phone: _____

Special Medical Information: (allergies, medication, other) _____

➔ PARENT OR GUARDIAN SIGNATURE REQUIRED:

_____/_____

Parent or Guardian Signature / Date

PAYMENT INFORMATION

I am paying by Check (Payable to YWA)

I am paying by Visa or MasterCard

Credit Card Number _____

Expiration Date _____ 3-digit CVC# _____

Name of Cardholder _____

Cardholder's Signature _____

BILLING ADDRESS:

Number and Street _____

City _____

State _____ Zip _____

PLEASE MAIL COMPLETED FORM TO:

Young Writers Association

PO BOX 51538 • Eugene OR 97405

Registration deadline is July 1, 2010 • Space is limited. Sign up early!