

# YWA After-School Writing Workshop Registration

www.ywalane.org • 541.485.2259  
ywalouisa@aol.com

Student Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

New or  Returning student?

E-mail \_\_\_\_\_

School \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

District \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child resides with \_\_\_\_\_

## TUITION

**SESSION:** My child will attend:

- Mess With Words, ages 7–9
- Adventure Writing, ages 9–11
- Wild Imagination, grades 4–5
- Middle School Mondays, grades 6–8
- Teen Science Fiction/Fantasy, ages 13–18
- High School Creative Writing, grades 9–12

Tuition is \$80/term; take \$5 off if you register one month before term start date; \$20 off if you pay for all three terms.

**Tuition Total** .....

**Sponsor a student:** Donate 1/2 or full tuition ...

**Scholarship Application:** www.ywalane.org

**YWA 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:** \_\_\_\_\_

**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**

Please list, sign and attach any SPECIAL AUTHORIZATIONS—i.e. permission for student to stay in bookstore after writing instructor leaves; adults besides those listed above authorized to pick up student; permission for student to wait for parent/guardian outside of bookstore, or to walk, bike or city bus home.