

YWA After-School Writing Group 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
- Wild Imagination, Ages 9–11
- Individual Tutor, Ages 10–18
- Middle School, Grades 6–8
- Teen Science Fiction/Fantasy, Ages 13–18
- High School Creative Writing, Grades 9–12

TUITION: \$85/term until one week prior to term start date, \$95 after that.

EARLY BIRD DISCOUNTS: 1) \$75/term if you pay one month in advance of term start date; 2) If you pay for all three terms (fall, winter, spring) at once it is \$210.

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 ____

Total 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.