



Western Massachusetts Writing Project SummerWrite!

A Writing Experience for Middle Grade Students

Child's Name: _____ M/F: _____

School and 2008/2009 Grade: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Information (Name, phone, relationship to child):

Allergies/ Medical Alerts/Accessibility Needs: _____

Medical Insurance Subscriber Name and Policy Number: _____

How did you hear about the Institute? _____

Guardian Signature _____ Date _____

* * * * * * * * * * * * * *

To reserve your child's place, complete and send in Registration form, Agreement and Release form, and \$350 registration fee,* made payable to *University of Massachusetts*.

WMWP
258 Bartlett Hall
130 Hicks Way
University of Massachusetts
Amherst, MA 01003

Feel free to email the office at wmwp@english.umass.edu or to call us at 413-545-5466 with any questions.

* Cancellation policy prior to June 1: \$300; after this date, the \$350 is non-refundable but can be transferred to another child.

SummerWrite!

AGREEMENT AND RELEASE

(Please sign and return with Registration form)

My parent/guardian and I do hereby consent to my participation in SummerWrite! at the University of Massachusetts Amherst. I/we understand that my participation in this program is completely voluntary.

I/we agree that I will follow the directions of SummerWrite! personnel. I/we agree that I will comply with any safety instructions given to participants and that I will be responsible for my personal safety and well being.

In the event of a medical emergency, I/we understand every attempt will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, I/we give permission for the staff of the University of Massachusetts Amherst to secure proper medical treatment for me. I/we am aware that University Health Services is a fee-for-service health care provider and that I am responsible for any treatment(s). (Health Services will bill to most insurance companies, so participants should bring relevant insurance cards or information.)

I/we agree to hold harmless and RELEASE the University of Massachusetts, its trustees, officers, employees, agents, and /or associates from any and all actions, causes of action, or claims, I/we may have now or hereafter acquire, for any personal injury or property damage which may arise in any way, directly or indirectly, from my participation in this program, including any claim which may arise from my transportation by the University.

I/we have had time to read and review this Agreement and Release and understand that this is a Release of liability. I/we agree to abide by its terms, and I/we sign this knowingly and voluntarily.

| | |
|----------------|-------|
| Child (Print): | |
| Child (Sign): | Date: |
| Parent (Sign): | Date: |
| Address: | |
| Phone: | |