

Welcome to Always Writing 4 U LLC Summer Camp! On behalf of the AW4U staff I would like to express how excited we are for another powerful summer filled with awesome students doing great work. Below is all the information that we need filled out in full and returned to your students coach asap. Please note pages 3-5 the medical form. The final page, page 5 requires a notary. You should be able to find one at your students' school or at your local bank. Thank you for allowing my staff to work with your student.

Wishing you all the best in all things,

#### Dr. Kristy Thomas

Owner: Always Writing 4 U LLC Educator I Publisher I Writer

# For valuable consideration, I do hereby authorize Always Writing 4 U LLC and those acting pursuant to its authority to:

- 1. a) Record my students' participation and appearance to possibly utilize on videotape, website promotion, audiotape, film, photograph, business social media or any other medium.
- 2. b) This use may be on the business website, on a promotional flyer or publication, or on social media by way of a post, a sharing of the students' success at camp- throughout the present or future school years. This use does not expire.
- 3. b) Use my name (first only), likeness, voice, pictures, performances and in connection with those recordings.
- 4. c) Exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose, which Always Writing 4 U LLC and those acting pursuant to its authority, deem appropriate.
- 5. d) Exhibit or distribute any written documentation in whole or in part without restrictions or limitation for any educational or promotional purpose, which Always Writing 4 U and those acting pursuant to its authority, deem appropriate.
- 6. e) My student also has permission to participate in an online speech camp. \*I understand camp will not be recorded but students are encouraged to take breaks as needed.

# This release shall remain in effect unless revoked in writing.

# \*Please write legibly and in black or blue ink. Thank you!

Student Name:
Parent Name:
Address:
Parent Phone:
Parent e-mail:
Parent Authorizing Signature:
Date:
*Use of images has no expiration date and may always be used by Always Writing 4 U LLC.

Always Writing 4 U LLC

## Minor Medical Treatment Authorization Form

#### \*Please make sure information is legible.

		Child			
Last Name:		First Name:			Middle Initial:
Date of Birth	:	Gender:	Allerg	ies:	
Treatment th	at the child is curre	ntly receiving:	C+	art Date:	
Treatment th	at the child has prev	riously received:	St	art Date: art Date: nd Date:	
Other medica	l information:				
Doctor's Nan	ne:	Doctor's Inform	nation		
Clinic Addres	ss:				
Office Phone	Number:	Emergency Number:	y Phone		
Medical Insu Plan:	rer/Health 		Policy #:		
		Parent(s)/Legal Gu	ardian(s):		
Parent #1: Last Name:		First Name:			Middle Initial:
Address: Home Phone			Work Phone:		
Number: Cell Phone: Email:			Pager:		
Additional Co Information:			_		
Parent #2: Last Name:		First Name:			Middle Initial:
Address: Home Phone Number:			Work Phone:		
Cell Phone: Email:	· · · · · · · · · · · · · · · · · · ·		Pager:		

Additional Contact		<del></del>		
Information:				
Emergency Contact:				
Name:				
Address:				
Home Phone Number:		Work Phon	e:	
Cell Phone:		– Pager:		
Email:		_		
Additional Contact Information:				
AUTHORIZATION AND CO	NSENT OF DA	PENT(S) ()I	RIEGAL CHAI	PDIAN(S)
AUTHORIZATION AND CO	NSENT OF FA	KEN1(S) OI	X LEGAL GUA	NDIAN(S)
I do hereby swear that I have legal custoe	dy of the aforem	entioned min	or child.	
I grant my authorization and consent	Dr. Kristy Th	omas and/or	on campus	
for		eacher or adm	inistrator	to:
		Supervising A	Adult	
□ Administer general first aid, including	approved medic	cation, CPR ar	nd Epi-Pen.	
□ Seek medical attention for the child, in child to the necessary clinic or hospita		ing medical pe	ersonnel and trai	nsporting
☐ Issue consent for any medical procedural administered by any licensed physicial	re, transfusion,			diagnosed and
This authorization is given, prior to any i power of decision and the authority to ac with the provided input of authorized me	t on the pruden	ce and judgm		
This medical consent is authorized to be	gin on the	_ day of _		20
and will cease to be in effect on the	day of _		20	
Signed this day of		_ 20		
Parent #1's Signature				
Parent #2's Signature				

#### CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF
COUNTY OF
This document was acknowledged before me on
By:
(Signature of Notarial Officer)
Notary Public for the State of
My commission expires:

# FINANCIAL CONTRACT Always Writing 4 U Speech Camp

Parents and/or Guardians:

By signing and dating the below and supplying your deposit for the camp, which is a \*NONREFUNDABLE FEE you are guaranteeing your student a place in the speech camp. The deposit is half of the cost of your child's camp.

High School tuition NO piece supplied: \$600 High School tuition OO/ INFO: \$600 High School tuition w/ piece supplied: \$650 High School tuition w/ POI: \$700

- If you need to purchase camp on a payment play, which would require
  monthly installments until camp is paid in full please contact us at
  <a href="mailto:kristy@alwayswriting4u.com">kristy@alwayswriting4u.com</a> and we will send you that breakdown and
  ways to send payment.
- Final payment for camp is due no later than April 15, 2025 to ensure that camp is paid for before school ends.
- If your school is paying for your student OR is paying a portion, your portion is due by May 31, 2025.
- You will receive a receipt of payment should you choose to send in a check, which is preferred.
- If final payment is not received and no communication from you to us has happened by the deadline to set up alternative dates you will forfeit your deposit and any other monies that have been paid.
- If for any reason your student does not complete the camp you are still
  obligated to the monies owed to the hosting business Always Writing 4 U.
- If additional performance pieces are supplied, you will owe the additional fee for these pieces the day after the piece is provided. Receipts will be provided to your student upon receipt of funds.

I	understand that by turning in this
paperwork and deposit I am securing my operated by Always Writing 4 U owned by that if my child requests and is supplied a obligated to pay for this additional service	y Kristy Thomas. I further understand piece by the camp director I am also
*If your school is paying some or all of the PLEASE still sign the next page. Thank you	
*Final signature is on the next page.	

#### PERMISSIONS CONTRACT INFORMATION

The following information is specific information and expected behavior during the summer camp. By signing you recognize all expectations and information and give permission for your student to participate.

- Students may have work sessions with coaches that are located in another state (hybrid). This will be done by students logging into the Always Writing 4 U zoom room and being placed in the virtual room of this coach online by the camps adult stage manager.
- If your student is participating in camp completely online, you understand that all lectures, sessions and work will happen digitally/ online.
- AW4U tries to offer a safe inclusive space for all students to participate, express themselves and work in a positive environment. If a student has any concerns, they should address them with the designated Belonging and Inclusion Advocate. This person will be one of the full-time coaches and will be introduced to the students at the meet and greet zoom prior to camp. They may also speak with any other staff that they are comfortable with.
- Students are expected to be on their best behavior during camp giving 100% of the week to the active participation in the experience.
- Students maybe dismissed from camp for not following the rules and/or being told multiple times of things they are doing that are unacceptable behavior. \*Parents will be contacted.
- Students are expected to stay in the designated areas of the school that we are utilizing for camp.
- Any vandalism of any kind is grounds for immediate dismissal from camp which is nonrefundable. In addition, the administration of the host school will be informed of any situations and with that comes the potential of further discipline.
- Students are **HIGHLY** encouraged to bring a sacked lunch daily. With only one designated hour for lunch staying in the building for lunch is the safest option we, Always Writing 4 U staff, can support. There will be access to a microwave as well as a designated place for students to eat daily.
- If your child does not return from lunch the parent will be notified.
- If students are not attending, not returning from lunch or arriving to camp late an e-mail is required. We are responsible for students during the camp. When a child does not attend or return our assumption is that they are supposed to be with us and if they are not a parent/guardian needs to be notified. Communicating late arrivals or absences saves us time on communication that doesn't need to happen.
- Students are expected to clean up after themselves every day in all of the spaces utilized.
- Always Writing 4 U is **NOT** responsible for students who leave campus for lunch during camp. Nor will the business supervise or take responsibility for anything that happens outside of the camp location and boundaries. (Which are specific to inside the host school.)
- Please make sure your student knows, understands, and respects the rules of driving other teens in their cars should you allow them to leave campus for lunch. Always Writing 4 U cannot give permission for students to or not to ride with your student. This information should be communicated to them so they are aware of the rules that have been set in place by the parent. \*We cannot express enough how important this.
- If, with parent permission, students leave campus for lunch they are expected to return on time and ready to work in the afternoon.

l,	understand all of the above information that
states I am responsible for ensur	ing that my child follows the expectations of the
camp. If my child drives or gets in	nto a car of another camp attendee that choice is
not the decision of the camp nor	, are they responsible for my child once the leave
the designated school building.	
*This signature is for BOTH: Fina	ncial Contract & Permissions pages
Parent Name Print:	
Parent Signature:	
Date:	
School camp is to be hosted at:	
<b>Plano West Senior High School</b>	
5601 W. Parker Rd.	
Plano, TX 75093	
Daily: 9:00- 4:30 (one hour lunch	n)
Date: <b>July 14-18, 2024</b>	

\*Please make a copy and keep it for your files. This form must be turned in with your child's deposit. \*Final payments due before or by May 31, 2025.

#### Dr. Kristy Thomas Interp Workshop Worksheet

\*Please type your responses and return it to <a href="mailto:kristy@alwayswriting4u.com">kristy@alwayswriting4u.com</a>

Student Name:
School you attend: (Name and state)
Date of online camp attending:
Student preferred e-mail address:
Parent name(s):
Emergency Contact:
Student cell number:
FORENSICS INFORMATION:
Will we be supplying a piece for you? If so for what event? ***Please attach a picture so that we can begin to pull scripts for you.
Grade:
Interp goal for the upcoming season: (2-3 sentences)
Event you pan on working on at camp:
Goal for the week of camp: (1-2 sentences)
Your strongest event:
Accomplishments/ awards:
Camp daily needs: composition book, pen, copy of script, positive attitude, bagged lunch