



Writer's Block InK

446 Colman Street, New London, CT 06320

www.writersblockink.org

Phone: 860.442-5625 or 44-BLOCK; writersblock2@gmail.com

Purpose: To empower youth to advance key skills through all aspects of theater, reinforcing teamwork, accountability & responsibility, igniting social change on the page and stage

Program Information

Course: Summer on the Block 2012

Program Dates: June 25 - August 19, **Open to Ages:** 10 - 17-years-old

Community Performances: August 17, 18 & 19

Cost: \$200:

Scholarships & Discounts Available, No Child Turned Away for Inability to Pay.

Schedule & Meeting Times

Monday-Thursday 9AM-3PM*

*Additional rehearsals will be scheduled in the final two weeks of the program to prepare for community performances.

Program Summary:

Each summer, Writer's Block youth create an original production using all aspects of performance (rap, poetry, song, art, etc). The productions address real and serious issues our youth face each day. Past themes include: bullying, self-esteem, teen pregnancy, verbal and emotional abuse, religious conflict, genocide, suicide, etc.

Audition Requirements:

Addressing serious issues using performing arts to explore choices, conflict resolution, individual and social growth requires maturity, commitment and discipline. Thus, all applicants will be screened and required to audition. While talent and creative ability are valuable, the audition process is focused primarily on character and potential as opposed to artistic ability. It is intended to identify youth who can benefit most from the Writer's Block experience and who are serious about evolving as individuals and as artists.

Writers: Submit a 500-1,000 word piece (poem(s), essay, song, rap, play, etc) that addresses any social issue OR personal goal. Be creative, unique and original.

Actors: Deliver a 3-5 min monologue from any work (original or published) play, favorite movie, etc. The monologue can be humorous, dramatic, or a combination.

Dancers: Deliver a 2-5 min routine to a music selection of your choice

Visual artists: Submit 2 original drawings or artwork reflective of your style and strengths



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Program Registration Form

Program/ Course Name: _____

Student Name: _____ Address: _____

Age : _____ Date of Birth (Month/ Day/Year) _____ Gender: _____ Home Phone: _____ Cell: _____

E-mail : _____ School: _____

Parent/ Guardian: _____

Parent/Guardian Cell: _____ Daytime Phone: _____ E-mail: _____

Allergies/Medications: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Does student have parent's permission to leave the Writers Block on his/her own? Yes ___ No ___

Talent (Circle all that apply)

Writing Dancing Singing Acting Art Musical Instrument _____ Other: _____

Career/Academic Goal: (What/Who do you want to be when you "grow up"?)

I/my child consent(s) that the Writers Block InK reserves the right to use all written, musical and artistic material created during the course of its programs for continued non-profit programming; to provide other learning institutions substrate for their own theatrical or other programs, and provide the Block participants with the opportunity to cite to future schools and/or employers their professional contribution(s) to Writers Block InK productions.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, and that I am fully familiar with the contents thereof.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____

If at any time medical treatment is necessary for my child, I give consent for treatment to be given. I understand every effort will be made to contact parent/guardian prior to emergency treatment. I agree to deliver my child to the instructor no earlier than 15 minutes prior to the start of the workshop and to pick up my child no later than 15 minutes after the workshop ends. I understand that Writers Block InK and its staff do not assume responsibility for transportation.

Parent Signature: _____

Date: _____

Payment

☐ Fee \$200 first child; \$170.00 second child; \$150 third child

☐ Scholarship Requested in the amount of: _____ (enter amount here and complete scholarship application request form)

***Please note: The registration fee does not include additional costs associated with field trips.**

Payment Amount Enclosed: _____ Check No: _____ Date: _____

Please make checks payable to "Writers Block InK"

Refund Policy: All payments are non-refundable. If a student is asked to leave any program due to poor behavior or violation of Writer's Block policies, no refund will be provided.



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The Block Code of Conduct

1. **RESPECT:** Respect yourself, fellow Block members, families, audiences, Block leaders, teachers and community.
2. **RESPONSIBILITY:** Take responsibility for your actions; your role in Block performances; complete your writing/acting/dancing/singing/rapping on time; return all fundraising monies, costumes, and props to the Block; compensate for any damages you cause to property and/or performance space of/or entrusted to the Block.
3. **REWARD:** One of the final rewards for adherence to respect and responsibility includes participating in Block programs and performances on stages throughout the community.
4. **REMOVAL:** Violation of the Block Code may result in student's/participants removal from all Block Programming. The Block Director reserves the right to remove any Block Code violators from all or portions of Block performances at her discretion.

I/my child, _____

hereby consent(s) to the above Writer's Block Code of Conduct required to participate in the Writer's Block Ink programs, workshops and performances.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, and that I am fully familiar with the contents thereof.

Date: _____

Student Signature: _____

Parent Signature (for student's Under 18 years): _____



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Participation Permission Slip

AUTHORIZATION AND RELEASE

I/my child, _____

hereby consent(s) to participate in the Writer's Block Ink _____ Program, workshops and performances.

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PHOTOGRAPH, TELEVISION, VIDEOTAPE, MOVIE AND/OR SOUND RECORDING

AUTHORIZATION AND RELEASE

I/ My Child, _____

hereby consent that The Writer's Block InK shall have the right to copyright, publish or use any photographs, videotapes and/or sound recordings, or any part thereof, they have taken or made of me/my child in which I/my child may be included, for publicity, advertising or any other lawful purpose in conjunction with my/their own or a fictitious (stage) name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right that I may have to inspect and/or approve the finished product or the use to which it may be applied.

I hereby warrant that I have every right to contract in my own name in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

Date: _____

Student Signature: _____

Parent Signature (for student's Under 18 years): _____