



Writer's Block InK

446 Colman Street, New London, CT 06320
(860) 442-5625 or (860) 44-BLOCK
www.writersblockink.org

Summer 2012 Registration

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
Performances: August 17, 18 & 19
Cost: \$200 (scholarships and discounts available; no child turned away for inability to pay)
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 performing arts - rap, poetry, song, art, etc - to address real and serious issues our youth face every day; and to explore choices, conflict resolution, individual and social growth. Past themes have included: bullying, self-esteem, teen pregnancy, verbal and emotional abuse, religious conflict, genocide, suicide, etc.

Preliminary:

Because of the serious issues of our performances, a certain level of maturity, commitment and discipline is required. Thus, we would like to meet all applicants before acceptance into the summer program, and give each applicant a chance to show off his/her skills. While talent and creative ability are valuable, we are primarily focused on character and potential. The Writer's Block experience will be a benefit to those who are serious about evolving as individuals and as artists.

This is **not** a test...Repeat...This is **not** a test:

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

Summer On The Block 2012

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 applies): **Writing** **Singing** **Art** **Other** _____
 Dancing **Acting** **Musical Instrument**

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

Day most convenient for preliminary meeting: ☐ Jun 18 ☐ Jun 19 ☐ Jun 20 ☐ Jun 21 ☐ Jun 22

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 and complete scholarship application 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.

Student Signature: _____ Date: _____

Parent Signature (for minor students): _____ Date: _____



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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.

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: _____

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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.

Student Signature: _____ Date: _____

Parent Signature (for minor students): _____ Date: _____