



The Writer's Block Ink, Incorporated

12 Masonic Street New London, CT 06320

(860) 44-BLOCK or (860) 442-5625

writersblock2@gmail.com | www.writersblockink.org

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 2015

Program Dates: June 22 - August 16

Open to Ages: 10 to 17 years

Community Performances: August 13, 14, 15, & 16

Cost: \$300: Payment Plan Options Available.

Scholarships & Discounts Available; no child turned away for inability to pay.

Schedule & Meeting Times

Monday-Thursday (Optional July Friday Field Trips) 9AM-3PM* (Early Check in begins at 8:30am)

**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 InK** 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. Please indicate your area of interest and level of achievement—chase all that apply:

Area of Interest	Beginner	Intermediate	Advanced
Writer			
Historian			
Actor			
Dancer			
Artist			
Spoken Word			
Music Instrument/Vocal Performance			



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PROGRAM REGISTRATION FORM

Student Name: _____

Address: _____

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

Home Phone: _____ Cell: _____ E-mail: _____

School: _____

Parent/ Guardian: _____ E-mail: _____

Parent/Guardian Cell: _____ Daytime Phone: _____

Allergies/Medications: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

MEDICAL RELEASE

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.

Physician's Name: _____ Phone: _____

Address: _____

Parent Signature: _____ Date: _____



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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 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: _____ **Date:** _____



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PARTICIPATION PERMISSION SLIP

AUTHORIZATION AND RELEASE

I, _____, hereby authorize my child, _____ permission to participate in the **Writer's Block InK** Summer on the Block 2015 field trips, 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.

Parent Signature: _____ Date: _____

MEDIA RELEASE

AUTHORIZATION AND RELEASE

I, _____ hereby consent that **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.

Parent Signature: _____ Date: _____



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WAIVER OF LIABILITY STATEMENT

I, _____, agree to indemnify and hold **Writer's Block Ink**, its program, staff, agents, representatives, employees and or any person or place that holds classes, rehearsals or performances related to activities for these entities harmless for any damages incurred now, or during the term of this agreement, from any injury of any kind resulting from my child's participation in these programs and activities. I understand that in case of illness, injury, accident, or any other damage to my person or property while participating in these programs which may require attention by a physician and/or hospitalization, I will bear the expense personally or by insurance that I have provided for myself. Any other cost or damages resulting from my participation in these programs, such as the cost of transportation by an emergency vehicle or damages to third persons, is also to be paid by me or by my own insurance.

Child's Name _____

Parent's Printed Name _____

Parent's Signature _____ Date Signed _____

AGREEMENT OF CLASSROOM PROTOCOL

I understand that the accepted practice and methodology of dance training entails "hands on" and other forms of physical contact with instructors and other students, and that this is necessary for a student to learn at an appropriate pace. I understand that if there is currently, or ever would be, any reason why my child should not be touched, or should only be touched in a specific way, that it is my responsibility to inform EACH instructor as to what is acceptable, and to discuss any related physical or mental issues with them.

Signature _____ Date Signed _____



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COPYRIGHT RELEASE

I/my child consent(s) that the **Writer's 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 **Writer's 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:** _____

TRANSPORTATION AGREEMENT

I agree to deliver my child to the instructor no earlier than 15 minutes prior to the start of the program and to pick up my child no later than 15 minutes after the program ends. I understand that **Writer's Block Ink** and its staff do not assume responsibility for transportation.

Parent Signature: _____ **Date:** _____



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PROGRAM SCHOLARSHIP APPLICATION

DUE NO LATER THAN ONE WEEK AFTER PROGRAM REGISTRATION

Some scholarships are available for **Summer on the Block 2015**. Please note:

- Recipients must be 17 years old or younger and residents of New London County
- Scholarships must be completed IN FULL to be considered
- Full or partial scholarships are awarded based on need and availability
- Preference is given to past participants in good standing with **Writer's Block InK**
- Scholarship Donors may specify preference or eligibility for scholarships
- All Scholarship recipients MUST complete fundraising activities to defray costs (ad, t-shirt, and/or ticket sales, as examples)

Student: _____ Parent: _____

Address: _____

Phone: _____ School/Grade: _____

Areas of Interest (Choose Top 3 Choices): ☐ Rap ☐ Singing ☐ Writing ☐ Acting ☐ Drawing ☐ Dance ☐ Crew
☐ Music Production ☐ Magazine Production ☐ Set Design

Household Income:

(MUST PROVIDE COPY OF FAMILY'S MOST RECENT TAX RETURN (form 1040)):

- ☐ Less than \$30,000 ☐ (\$30,000-\$40,000) ☐ (\$40,000-\$50,000) ☐ (\$50,000-\$60,000) ☐ (\$60,000-\$75,000)
☐ \$75,000 or more _____ # of Children in Household

Any other factors that you would like us to consider during the application review process:



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Student portion to be completed (Read Instructions Carefully)

Dear Student,

On SEPARATE sheets of paper, write an essay answering all of the following questions. Please write a MINIMUM of 500 words. This is at least two full pages typed, double spaced.

Have you ever participated in **Writer's Block Ink** programs? If so, what was the most memorable experience? If not, how did you learn about **Writer's Block Ink** and what made you interested in joining the Block family?

Please also include a description of your writing and/or performance experience and what you hope to learn and contribute to The Block.

In what ways would you like to see **Writer's Block Ink** in the community more? What types of events and/or performances do you think would be interesting to host?

You may return this completed application and your essay to The Block at

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PAYMENT

- ☐ Fee \$288. first child;
- ☐ \$258.00 second child;
- ☐ \$228 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.**

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 Ink** policies, no refund will be provided.

Payment Amount Enclosed: _____ **Check #:** _____ **Date:** _____

Please make checks payable to "**Writers Block Ink**"