



Writer's Block InK

18 Masonic 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 2014

Program Dates: June 23 - August 17 **Open to Ages:** 10 to 17 years-old

Community Performances: August 14, 15, 16, & 17

Orientation Dates: June 20, June 27

Cost: \$288:

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 8:30 a.m)

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

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



Writer's Block InK, Incorporated

18 Masonic Street, New London, CT 06320; www.writersblockink.org; Phone: 860.442-5625 or 44-BLOCK; writersblock2@gmail.com

Program Registration Form

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: _____ Relationship: _____ Phone: _____

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. Physician Name ; _____ Phone; _____

Parent Signature: _____ Date: _____

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 Writers Block InK and its staff do not assume responsibility for transportation.

Parent Signature: _____ Date: _____

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.**

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.



Writer's Block InK

Writer's Block InK, Incorporated

18 Masonic Street, New London, CT 06320; www.writersblockink.org; Phone: 860.442-5625 or 44-BLOCK; writersblock2@gmail.com

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): _____



Writer's Block InK
Writer's Block InK, Incorporated

18 Masonic Street, New London, CT 06320; www.writersblockink.org; Phone: 860.442-5625 or 44-BLOCK; writersblock2@gmail.com

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.

Date: _____

Student Signature: _____

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



Writer's Block InK
Writer's Block InK, Incorporated

18 Masonic 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 igniting social change on the page and stage

**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): _____



18 Masonic Street • New London, CT 06320

writersblock2@gmail.com

860-442-5625

DANCER WAIVER OF LIABILITY STATEMENT

I, _____, agree to indemnify and hold Writer's Block Ink, Inc and the Interdistrict School for Arts and Communication (ISAAC), its program, staff, agents, representatives, employees and or any person or place that holds classes, rehearsals or performances related to activities for these entities in conjunction with the Arts Beyond School/Block@ISAAC Program, 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

Your Printed Name

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

SUMMER 2014

- Recipients must be 17 or under and residents of New London County.
- Scholarship applications must be received with the program application.
- Full or partial scholarships are awarded based on need, and availability.
- Preference is given to past program participants with a track record for outstanding character and behavior.
- Scholarship Donors may specify preference or eligibility for scholarships.
- All Scholarship applicants must complete fundraising activities (program ad sales; t-shirt sales; dvd sales) to defray costs and supplement scholarships.

*Our mission is to arm young voices with the power of pen and prose, reinforcing teamwork, accountability, and responsibility to **ignite social change on the page and stage.***

Carefully follow the procedure detailed in the registration packet. Complete the registration form as well as this scholarship request form. Use separate forms for each student. Return by June 16, 2014 to 18 Masonic Street, New London, CT 06320. For more information contact us at writersblock2@gmail.com; www.writersblockink.org; or call (860) 442-5625.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SUMMER ON THE BLOCK PROGRAM SCHOLARSHIP APPLICATION

18 Masonic Street, New London, CT 06320

www.writersblockink.org, writersblock2@gmail.com, (860) 442-5625

Name of Student: _____

Name of Parent/Guardian: _____

Home Address: _____

City, State, Zip: _____

Phone (day): _____ (evening) _____

Date of Birth: (MM/DD/YY) _____ Grade: _____

Student & Gardian emails: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Areas of Interest: (Circle your top 3 - 4 choices.)

Rap Writing Acting Singing Drawing Dance Crew
Music ProductionSet Design

Household gross income in 2013 (Please check one.):

___ Less than \$30,000 ___ \$40,000 - \$50,000 ___ \$60,000 - \$75,000
___ \$30,000 - \$40,000 ___ \$50,000 - \$60,000 # of Children in Family _____

Please provide a copy of your family's most recent tax return - form 1040.

Any other factors you would like us to consider:

By signing below, I affirm that the information I have provided is true and correct.

Signature: _____ Date: _____