

# The Writers' Express®

December 2008

Dear Families,

Thank you for your interest in The Writers' Express summer programs.

Enclosed you will find all the materials you will need in order to register your child for camp this coming summer. Space in our programs is very limited, and applications are accepted on a first-come-first-serve basis. Therefore, the sooner you mail us your completed application along with your \$50 per camper deposit (via check, money order, or cash), the better your chances are of securing your child a space in our program.

Please review the following information and mark your calendars with the following important dates:

- **As soon as possible and no later than March 15, 2009** - Completed application and \$50 per camper deposit is due. *Please do not email or fax us applications.*
- **March 15, 2009** – Completed immunization forms, supplementary financial aid documents (if applicable), and Writers in the Woods questionnaires (if applicable) are due.
- **April 1, 2009** – 50% of balance of tuition is due.
- **May 30, 2009** – Full balance of tuition is due.

Upon receiving your completed application and deposit, WEX will notify you via email to let you know whether or not we have been able to confirm your child in one of our programs. If you do not provide an email address this notification will be sent via mail.

*Please note: Placements are confirmed on a rolling basis. **Final confirmation of placement in our summer programs is dependent upon both full completion of all necessary application materials AND full payment of tuition due.** When all available spaces are full, any additional applicants will be put on a wait list in the order that their applications are received.*

Please notify us of any difficulties you may have meeting the due dates outlined above. Should you have any questions regarding the application process, direct all inquiries to Krista Daly via email at [kdaly@wex.org](mailto:kdaly@wex.org) or phone at 617-844-1003.

Thank you and we look forward to having your children with us this summer.

Sincerely,

Patrick Sheridan  
Camp Director  
The Writers' Express  
617-844-1003  
[www.wex.org](http://www.wex.org)

# The Writers' Express®

## Summer Programs Application 2009

### 1. Program Information

Please check the program(s) in which your child wishes to enroll.

Program Name	Grades	Dates	Tuition	
The Writers' Express at Simmons College I	5 – 9	July 13 – July 24, 2008	\$980.00	<input type="checkbox"/>
The Writers' Express at Simmons College II	5 – 9	July 27 – August 7, 2008	\$980.00	<input type="checkbox"/>
Boston & Beyond at Simmons College	9 – 11	July 20 – July 31, 2008	\$980.00	<input type="checkbox"/>
Writers in the Woods in Marlow, NH	7 – 9	August 10 – August 16, 2008	\$1230.00	<input type="checkbox"/>

### 2. Applicant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  M  F D.O.B. \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Grade in Sept. 2009: \_\_\_\_\_

School: \_\_\_\_\_ School City: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### 3. Parent/Guardian Information *(Please check next to each parent/guardian who child lives with)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Important information regarding child's living situation (if any): \_\_\_\_\_

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### 3. Emergency Contact Information *(please check next to any person who is also authorized to pick child up from camp)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

### 4. Health Information

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Policy Holder(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date of Most Recent Physical: \_\_\_\_\_

Allergies *(please be specific about varieties, reactions, and treatments)*: \_\_\_\_\_

\_\_\_\_\_

Asthma *(please be specific about circumstances when asthma occurs, reaction, and treatment)*: \_\_\_\_\_

\_\_\_\_\_

Operations or Serious Injuries*(include dates)*: \_\_\_\_\_

\_\_\_\_\_

Other Chronic/Recurring Illness(es) or Medical Condition(s): \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Reason(s) for Medication(s): \_\_\_\_\_

*\*\*\*Please write on a separate sheet if there is anything else we should know about your child's physical or emotional health.\*\*\**

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## 5. Medical Authorizations

### 105 CMR 430.160(A)

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.

### 105 CMR 430.160(C)

Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the camp. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.

### 105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

\*Health Supervisor – A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

## A. Authorization to Administer Medication to a Camper

Medication 1: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Dose given at Camp: \_\_\_\_\_ Frequency: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_ Specific Directions: \_\_\_\_\_

Specific Precautions: \_\_\_\_\_ Possible Side Effects/Reactions: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Dose given at Camp: \_\_\_\_\_ Frequency: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_ Specific Directions: \_\_\_\_\_

Specific Precautions: \_\_\_\_\_ Possible Side Effects/Reactions: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize The Writers' Express camp health supervisor to administer to my child the medication(s) listed above in accordance with 105 CMR 430.159, 105 CMR 430.160, and the state of Massachusetts Department of Public Health's guidelines for the storage and administration of medications in camps.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## B. Authorization for Child to SELF-Administer Medication

Medication 1: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Dose given at Camp: \_\_\_\_\_ Frequency: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_ Specific Directions: \_\_\_\_\_

Specific Precautions: \_\_\_\_\_ Possible Side Effects/Reactions: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Medication 2: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Dose given at Camp: \_\_\_\_\_ Frequency: \_\_\_\_\_

Storage Requirements: \_\_\_\_\_ Specific Directions: \_\_\_\_\_

Specific Precautions: \_\_\_\_\_ Possible Side Effects/Reactions: \_\_\_\_\_

Name of Licensed Prescriber: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Date Ordered: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby authorize my child to SELF-administer the medication(s) listed above in accordance with 105 CMR 430.159, 105 CMR 430.160, and the state of Massachusetts Department of Public Health's guidelines for the storage and administration of medications in camps.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## C. Emergency Medical Care Authorization

In the event of a medical emergency, every effort will be made to contact the parents, guardians, and emergency contacts of the camper. Completed medical forms may be photocopied for trips outside of camp, so that all pertinent medical information will be present in the event of such an emergency.

I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in case of an emergency.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## D. Authorization to Engage in Camp Activities

To the best of my knowledge, the health history provided on this application is correct, and the person herein described has permission to engage in all prescribed camp activities unless otherwise noted.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## 6. Certificate of Immunization

Please have your child's physician's office fill out and sign this portion of the application and return it to our office no later than **March 15, 2009**. If your child's physician's office has its own form documenting the following information, you may simply send us a copy of that form.

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex:  M  F

### Vaccination history

If combination vaccine is administered, please indicate vaccine type (e.g. DTaP-Hib, etc.).

Vaccine		Date/Vaccine Type	Vaccine		Date/Vaccine Type	
<b>Hepatitis B</b> (e.g. HepB, HepB-Hib, DTaP-HepBIPV)	1		<b>Haemophilus Influenzae Type B</b> (e.g. Hib, HepB-Hib, DTaP-Hib)	1		
	2			2		
	3			3		
		4				
<b>Diphtheria, Tetanus, Pertussis</b> (e.g. DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td)	1		<b>Measles, Mumps, Rubella (MMR)</b>	1		
	2			2		
	3		<b>Varicella (Var)</b>	1		
	4			2		
	5			1		
		6		<b>Hepatitis A (HepA)</b>	2	
		7			1	
<b>Polio</b> (e.g. IPV, DTaP-HepB-IPV)	1		<b>Pneumococcal Polysaccharide (PPV23)</b>	1		
	2			2		
	3		<b>Influenza</b> Inactivated (intramuscular) or live (intranasal)	1		
	4			2		
<b>Pneumococcal Conjugate (PCV7)</b>	1		<b>Other:</b>	3		
	2					
	3					
	4					

### Serological proof of immunity

Fill in dates and check positive or negative.

Test (if done)	Positive	Negative	Date of Test
<b>Measles</b>			
<b>Mumps</b>			
<b>Rubella</b>			
<b>Varicella*</b>			
<b>Hepatitis B</b>			

\*\*\*Must also check Chickenpox History box.

### Chickenpox History

Check this box if this person has a physician-certified reliable history of chickenpox. Reliable history may be based on:

- physician interpretation of parent/guardian description of chickenpox,
- physical diagnosis of chickenpox, or
- serological proof of immunity to chickenpox.

I certify that this immunization information was transferred from the above-named individual's medical records.

Doctor or nurse's name (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of doctor or nurse \_\_\_\_\_

Facility name \_\_\_\_\_

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## 7. Transportation Information

Please indicate the morning and afternoon transportation your child will use while attending camp (not applicable if your child is applying to our Writers in the Woods program).

### Morning Transportation

My child will be dropped off at camp by 8:30 AM

My child will take public transportation to camp by 8:30 AM

### Afternoon Transportaion

My child will be picked up by myself or an individual authorized in writing at 4:30 PM.

My child will take public transportation from camp at 4:30PM

I hereby give permission to The Writers' Express staff to allow my child to take public transportation home at the end of each camp day.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 8. Other persons authorized to drop off/pick up your child

Please list any individuals other than those who may have been indicated in the Emergency Contact section who are allowed to drop off/pick up your child at camp. Campers WILL NOT be released to anyone not authorized in writing.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

DO NOT release my child to the following person(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## 9. Carpooling

Are you interested in carpooling?  Yes  No  I already have carpooling plans.

*By checking "yes" you are authorizing The Writers' Express to give your contact information to other families interested in carpooling.*

## 10. Travel

If you will be traveling while your child is at camp, please provide the following information.

Date(s) Away: \_\_\_\_\_ Destination: \_\_\_\_\_ Phone # \_\_\_\_\_

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## 11. Other Information

Does your child have an IEP?  Yes  No

If yes, what is the disability? \_\_\_\_\_

Is your child a former Writers' Express Camper?  Yes  No

If yes, when did your child attend camp with us? \_\_\_\_\_

Please check the size for your child's camp t-shirt.

Youth Large       Adult Small       Adult Medium       Adult Large       Adult Extra Large

If possible, I would like my child to be placed in a group with the following child/children: \_\_\_\_\_

\_\_\_\_\_

## 12. Contribution to Camper Scholarship Fund

If you wish to contribute to our Camper Scholarship fund, please check an amount below and enclose a separate check labeled "Camper Scholarship Fund".

\$25       \$50       \$75       \$100       Other \_\_\_\_\_

# The Writers' Express®

## 13. Payment Information and Enrollment Terms

Please sign below to acknowledge your acceptance of the following terms:

- Deposits are non-refundable/non-transferrable and are due with your application.
- Completed Financial Aid applications and supplementary documentation are due in our office no later than **March 15, 2009**.
- Completed Immunization Records are due in our office no later than **March 15, 2009**.
- One half of the balance of your child's tuition is due in our office by **April 1, 2009**.
- Final payment of the balance of your child's tuition is due in our office by **May 30, 2009**. Campers who are not paid in full by May 30, 2009 and have not made special arrangements with WEX staff will be withdrawn from the program.
- Families who withdraw their child after **April 1, 2009** will forfeit 50% of tuition paid as of that date.
- Families who withdraw their child after **May 30, 2009** will forfeit 100% tuition paid as of that date.
- There is a \$25 change fee for changing programs or sessions. All changes are dependant upon space availability in other programs or sessions.
- No child may participate in any camp activities until their complete health forms and Immunization Records have been received and processed by The Writers' Express.
- The Writers' Express camp director reserves the right to dismiss a camper if s/he judges that the camper's behavior interferes with the rights of others, disrupts the smooth functioning of a group or activity, or violates the camp's expectations for conduct.

I have read and understand the Payment Information and Enrollment Terms as described above. I give my child permission to participate in camp activities including but not limited to swimming, boating, basketball, tennis, soccer, Ultimate Frisbee, arts and crafts, and field trips using public transportation and/or motor vehicles. Unless indicated below, I approve any photos or videos taken of my child to be used in promotional materials for The Writers' Express. I am aware that an incomplete or unsigned registration will be returned to me for completion. I hereby give permission to the medical personnel selected by the camp director to act in the best interest of my child in case of an emergency.

I do not wish for photos of videos of my child to be used in promotional materials for The Writers' Express.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Upon request, parents and legal guardians of campers enrolled in our programs may request copies of The Writers' Express staff background check results, The Writers' Express healthcare and discipline policies, and grievance procedures.*

*The Writers' Express summer programs must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the local board of health.*

# The Writers' Express®

## 14. Financial Aid Application

Please provide answers to the following questions and return this form with your application. Any supplementary documentation must be received in our office no later than March 15, 2009.

How much financial aid are you requesting? \_\_\_\_\_

How many children under 18 live in your household? \_\_\_\_\_

Does your child receive free lunch at school?  Yes  No

Does your child receive reduced-price lunch at school?  Yes  No

Is your child's health insurance provided through MassHeath?  Yes  No

If the answer to any of the above questions is "yes", please provide official documentation that certifies your child's enrollment in the program(s). This documentation must be received no later than **March 15, 2009** in order for your child to be considered for financial aid.

What is your family's gross yearly income? \_\_\_\_\_

The following must be submitted to The Writers' Express no later than **March 15, 2009**, in order for your child to be considered for financial aid:

- A copy of the most recent completed/filed tax return for each parent/guardian.
- AND
- Copies of one month's worth of recent paystubs for each parent/guardian.

If needed, please use the space below to describe any unusual circumstances that affect your financial situation, such as medical expenses, care of extended family, or recent long-term unemployment. Additional documentation may be required depending on the information you provide.

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By signing this form, you guarantee that the information above is correct and complete.

Print name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 15. Eastern Mountain Sports Waiver

If your child is applying for one of our programs at Simmons College (not our Writers' in the Woods program), rock climbing will be one of the activities that we will be offering to campers. Eastern Mountain Sports (the activity provider) requires that the following waiver (2 pages) be completed for any individual participating in the activity.



### **RELEASE AND ASSUMPTION OF RISK AGREEMENT For CLIMBING SCHOOL ACTIVITIES**

**Notice: Read this document carefully. This document affects your legal rights, and contains waivers and releases of your rights.**

**Each person participating in any activity offered by Eastern Mountain Sports must sign this document. A parent or legal guardian of each participant who is a minor under 18 years old must also sign this document in both his/her individual capacity and his/her capacity the parent or guardian of the minor in order to bind the minor as if he/she was at least 18 years old.**

**Each reference to "I" or "me" that appears below refers to each adult signing this Agreement and each minor Participant for whom I am signing this Agreement as her/his parent or legal guardian.**

I wish to participate in mountain, artificial rock wall, rock and/or ice climbing instruction and activities and other related hiking and trekking activities offered by the Eastern Mountain Sports Climbing School (the "Activity").

I acknowledge that my participation in the Activity involves known and unanticipated risks which could result in physical or emotional injury, musculoskeletal injuries, head injuries, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the Activity. The risks include, among other things, my own or other person's negligence, and:

- Participating beyond my personal limits;
- Poor or impaired balance, physical coordination or ability to follow instruction;
- The fact that illness, injury or accident may occur far from medical care facilities;
- Equipment defects or malfunctions;
- Falling on others or others falling on me;
- Falling off snowshoes, skis, or other equipment;
- Falling onto the ground, trees or into bodies of water;
- Trees, branches, rocks falling on me, including avalanches and rockslides;
- Slipping, falling or losing control of equipment on rough, steep, slippery or frozen mountains, rock surfaces or other terrain;
- Exposure to natural elements, the forces of nature and environmental hazards;
- Exposure to high altitude which may affect coordination, reaction time, and judgment, perception and thinking;
- Weather conditions, including very cold weather, heat, sun exposure, and possible resulting hypothermia, hyperthermia, exhaustion, sunburn, heat stroke, dehydration, frostbite, and frostnip;
- Drowning and hazards associated with water levels, movements and conditions and exposure to cold water in rivers, lakes and other bodies of water;
- Encountering or attack by snakes, other reptiles, insects and other animals;
- Possible firing of firearms by hunters or others;
- Vehicular and other accidents while traveling to and from Activity sites;

I expressly agree and promise to accept and assume all of the risks existing in the Activity. My participation in the Activity is purely voluntary, and I elect to participate in spite of the risks.

I certify that I am in good health and capable of participating in the Activity. I grant permission to Eastern Mountain Sports to seek and obtain medical care for me and any minor for whom I have signed this Agreement for injury or illness occurring as a result of or otherwise during participation in the Activity.

I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Eastern Mountain Sports and its shareholders, directors, officers, employees and agents (all of which are collectively called the "Released Parties"), from and against any and all claims, demands or causes of action which are in any way connected with my participation in the Activity or my use of equipment or facilities provided by Eastern Mountain Sports, including any such claims which allege negligent acts or omissions by any of the Released Parties. I confirm that the foregoing release of claims and indemnification are intended to cover all claims whether or not known, suspected or anticipated at this time, and I waive the benefit of any law that would purport to limit the scope or effect of the release and indemnification, whether by excluding unknown, unsuspected or unanticipated claims or in any other manner.

I also agree that I will not bring any lawsuit or other legal proceeding against any Released Party based on my participation in the Activity. Should any of the Released Parties be required to incur attorneys' fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

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## 15. Eastern Mountain Sports Waiver (continued)

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, and in all events agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions that could interfere with my safety in the Activity, or if I do have such a condition, I assume – and bear the costs of – all risks that may be created, directly or indirectly, by the condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in the Activity, I have waived my right to maintain a lawsuit against any Released Party on the basis of any claim from which I have released it herein.

I acknowledge that Eastern Mountain Sports may take photographs and video and sound recordings of me in conjunction with participation in the Activity. I grant Eastern Mountain Sports the unconditional and irrevocable right to use, re-use, publish and exhibit the photographs and/or recordings and/or my name, either alone or accompanied by other information or material, in any manner and in any medium now or hereinafter known throughout the world, in whole or in part, in edited, modified or altered format, at any time hereafter for advertising, promotional or any other purpose whatsoever. All photographs will become and remain the sole and exclusive property of Eastern Mountain Sports, and I will not retain, acquire nor assert now or in the future any right, title or interest in them. Eastern Mountain Sports shall have no obligation or responsibility whatsoever to me in connection with the photographs or the granting of these rights. I hereby waive and release and forever discharge the Released Parties from any claims that I may now or in the future have in connection with the use of my name and/or the photographs and recordings.

I have had sufficient opportunity to read this entire document. I have read and understood it, have signed it knowingly and voluntarily, and agree to be bound by its terms. I acknowledge receipt of a copy of this agreement.

**If I am signing this agreement as a parent or legal guardian of a minor under age 18, I confirm that I am granting permission for that minor to participate in the Activity. I specifically confirm that I am providing the releases, discharges, indemnifications and other assurances, certifications and agreements contained herein on behalf of myself and any minor under age 18 for whom I am signing this Release and Assumption of Risk Agreement and that each reference to "I" or "me" shall in this Agreement shall refer to me and to each minor for whom I am signing as her/his parent or legal guardian.**

Parent/Adult Participant Name (Print LEGIBLY): \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Adult Participant Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ (current street address) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zipcode)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Adult Participant Signature: \_\_\_\_\_

Minor Participant (Write "NONE" in the space below if you are not signing for any Participants under age 18)

Minor Participant Name: \_\_\_\_\_

.....  
If any Minor Participant is listed above, complete the following:

I have read the Release and Assumption Of Risk Agreement, have discussed it with my parent or legal guardian, and have had the opportunity to ask any questions that I have about the Activity and the hazards and risks associated with it.

Minor Participant Signature (below): \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Minor Participant Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ (current street address) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zipcode)

Telephone Number: \_\_\_\_\_

**PLEASE GIVE THE COMPLETED AND SIGNED RELEASE AND ASSUMPTION OF RISK AGREEMENT TO EASTERN MOUNTAIN SPORTS STAFF.  
PLEASE RETAIN A COPY OF THIS RELEASE AND ASSUMPTION OF RISK AGREEMENT FOR YOUR RECORDS.**

# The Writers' Express®

## 16. Writers in the Woods Questionnaire

If your child is applying to our Writers in the Woods program, please have him or her answer the following questions on a separate sheet of paper and return his or her responses to our office no later than **March 15, 2009**.

The Writers in the Woods program is a rustic, outdoor camping trip. While this camp is by no means a rigorous "survival camp", children will be learning outdoor living skills while canoeing several miles each day, making and breaking camp daily, cooking their meals and doing chores as a group, using knives and saws, and sleeping in sleeping bags in tents on the ground. Please note that there are no bathroom facilities after the group leaves base camp for the woods.

We ask your child to answer these questions because we want him or her to get an idea of what will be expected of campers on the trip so that he or she is not surprised at the start of the camp session. Also, it is helpful for us to have an idea of your child's experience in the outdoors, and also his or her attitude toward the different situations that are likely to occur on the trip. Outdoor experience is *NOT* required to participate. Should the director of this program have any questions for you or your child, she will follow up with you directly.

1. Describe one memorable experience in the outdoors. (For this question, please be as specific as one-half to one page allows.)
2. Describe your current athletic routine.
3. On this trip there will be times when you may be hot, cold, tired, hungry, dirty, bothered by bugs, and frustrated with other people. Describe how you will act at those times.
4. We will live as a family on this trip. You will be responsible for helping with chores, caring for your belongings, and living respectfully within the group. Many times you will be asked to put the group's needs before your own. Describe how you will act at those times.