



registration form

Participant Information

Name of writer: _____
First Name Last Name

Gender: ₁Male ₂Female ₃ I'd rather not say.

This question is required by some of our funders. We recognize that this is a binary question. Please select whichever best fits how your child identifies day to day, and if neither M nor F fits for your child, please choose "I'd rather not say".

Preferred Pronoun: ₁They/Their/Theirs ₂She/Her/Hers ₃He/Him/His Other: _____

Date of birth: ____ / ____ / ____ (MM/DD/YYYY)

School name: _____

School district: _____

Current grade: _____

Teacher name (for elementary school): _____

English teacher name (for middle or high school): _____ Class period: _____

Participant email address: _____

Have you participated in 916 Ink before? ₁Yes ₂No

Which of the following best describes the participant's race or ethnicity? (select all that apply)

- ₁American Indian or Alaska Native
 ₂Asian
 ₃Black or African-American
 ₄Hispanic or Latino
 ₅Native Hawaiian or Pacific Islander
 ₆White
 ₇Other (please specify): _____
 ₈Decline to state

What language is spoken most of the time at home? (select one)

- ₁English
 ₂Spanish
 ₃Russian
 ₄Ukrainian
 ₅Laotian
 ₆Vietnamese
 ₇Hindi
 ₈Chinese
 ₉Hmong
 ₁₀Tagalog
 ₁₁Other (please specify): _____
 ₁₂Decline to state

Household Information

Parent/Guardian name: _____
First Name Last Name

Home address: _____
Street address City, State, and Zip Code

Parent/Guardian phone numbers: _____
Home Cell

Parent/Guardian email address: _____

How many members in your Household? _____ Annual Household Income? _____

Student t-shirt size:

- Youth Small
 Youth Medium
 Youth Large

 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large
 Adult XX-Large

Emergency Contact Information

Name of two (2) alternate friends or relatives who can be contacted in case parent/guardian cannot be reached:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Program Site: _____ Word Slinger: _____ Reg. date: ____ / ____ / ____

 ₁ My child should be walked to an afterschool program on-site, where I will pick them up (program name: _____) ₂ If a parent/guardian cannot pick-up child, the following adults are authorized to do so:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

List anyone who specifically **cannot** pick up your child:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Release of Liability

I agree to release and discharge in advance the 916 Ink officers, employees, agents and contractors from any and all liability for personal injury, death or property damage connected with my participant(s). This release shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for damages to property or persons caused the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

Parent/Guardian Signature: _____ **Date:** _____**Permission for Medical Treatment**

In case of an accidents or injury, I authorize a staff member of the 916 Ink to call the 911 emergency number. I give my consent to any treatment felt necessary by an attending physician for the physical well being of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

Parent/Guardian Signature: _____ Date: _____

Known allergies (please list): _____

Medical conditions and/or requirements to be aware of (please list): _____

Photography Release

I ₁ do give ₂ do not give 916 Ink, Sacramento Public Library, and I Street Press permission to use the participant's photo for publicity purposes. (We do not reveal last names in our publicity and it is rare that we release first names).

Parent/Guardian Signature: _____ **Date:** _____**Publishing Release**

I ₁ do give ₂ do not give 916 Ink, Sacramento Public Library, and I Street Press permission to publish the participant's Original Work in a publication and/or production of individual or various projects put forth by 916 Ink in the future. The work will be printed royalty-free, but the rights to the work shall remain the sole property of the youth author.

Parent/Guardian Signature: _____ **Date:** _____

Program Name: _____ Word Slinger: _____ Reg. date: ____ / ____ / ____