



# RED HEN PRESS

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## WITS HQ REGISTRATION SHEET

**Name of Child:**

**Age & grade level:**

**Guardian #1 name:**

**Guardian #1 contact information:**

Email:

Phone:

**(If applicable) Guardian #2 name:**

**Guardian #2 contact information:**

Email:

Phone:

**Planned dates of attendance (check or initial below):**

Monday, July 28<sup>th</sup> \_\_\_\_\_

Tuesday, July 29<sup>th</sup> \_\_\_\_\_

Wednesday, July 30<sup>th</sup> \_\_\_\_\_

Thursday, July 31<sup>st</sup> \_\_\_\_\_

**Please check the boxes below to confirm the following:**

- ☐ I have filled out and returned the WITS HQ Liability Waiver.
- ☐ I have reviewed and approve of the camp curriculum.
- ☐ I have ensured my child has transportation to and from Red Hen Press (1540 Lincoln Avenue, Pasadena, CA, 91103) in accordance with the camp hours.

\_\_\_\_\_

Guardian name

\_\_\_\_\_

Guardian signature

\_\_\_\_\_

Date

\_\_\_\_\_

Camp coordinator

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

WITS HQ Liability Waiver  
1540 Lincoln Ave, Pasadena, CA 91103 • 626-506-2017

1 <sup>ST</sup> CHILD'S INFORMATION				
Name (First/Last)			Date of Birth (Month/Day/Year)	
Allergies?			Other important information	
2 <sup>ND</sup> CHILD'S INFORMATION (IF APPLICABLE)				
Name (First/Last)			Date of Birth (Month/Day/Year)	
Allergies?			Other important information	
PARENT/GUARDIAN INFORMATION				
Name (First/Last)			Email	
Address		City	State	Zip
Home Phone	Cell Phone		Work Phone	
ALTERNATE EMERGENCY CONTACT				
Name (First/Last)		Relationship to Child		Phone
WORKSHOP POLICIES AND PROCEDURES				
<p>WITS HQ aims to foster a love of reading and writing through literary workshops, author talks, and the behind-the-scenes publishing experience.</p> <p><b>WORKSHOP INFORMATION</b></p> <ul style="list-style-type: none"><li>• The program is free and open to students currently enrolled in middle school or high school. Camp hours run from 12 p.m. to 5 p.m. from <b>July 28, 2025</b> to <b>July 31, 2025</b>. Lunch is not provided, but snacks will be provided at the midday break.</li><li>• <b>Children must be picked up by 5:30 p.m.</b> Please make appropriate travel arrangements for your child.</li><li>• Workshops will be led by Red Hen Press staff members and authors based on a peer-reviewed, age-appropriate curriculum.</li></ul> <p><b>SAFETY POLICIES</b></p> <ul style="list-style-type: none"><li>• Red Hen Press and its staff will make every effort to ensure the safety of WITS HQ attendees.</li><li>• Red Hen Press requests to be made aware of any potential safety or medical concerns to ensure the needs of each child are supported.</li><li>• Students are expected to adhere to all posted and verbal instructions from staff for their safety while on site. If students act in an unsafe manner, they will be asked to leave the premises.</li></ul> <p><b>CONSENT AND AUTHORIZATION</b></p> <p>I, the undersigned, hereby declare and affirm that:</p> <ul style="list-style-type: none"><li>• I am the parent/legal guardian of the youth named above (hereinafter referred to as "Child"), who is under my care and responsibility.</li><li>• I hereby consent and give authority to the participation of my Child in the scheduled activities of the Camp.</li><li>• I hereby declare and affirm that my Child is prepared to take part in WITS HQ activities.</li><li>• I shall notify the organizers immediately in case I revoke my consent for WITS HQ.</li></ul> <p><b>AUTHORIZATION FOR MEDICAL TREATMENT</b></p> <ul style="list-style-type: none"><li>• I understand that in case of medical emergencies involving my Child, I shall be notified right away. In case any of my provided contact information is unreachable during a medical emergency, I authorize the organization to contact the necessary healthcare providers to supply necessary medical attention to my child.</li><li>• I understand that the camp shall not be responsible, and shall be reimbursed, for any medical expenses incurred by them over this authorization.</li></ul>				
MEDIA RELEASE				
<p>I hereby grant Red Hen Press the right to edit, use, and reuse any photographs or video taken at any time during WITS HQ of the above-named student for nonprofit purposes including use in print, on the internet, and all other forms of media.</p> <p style="text-align: right;"><input type="checkbox"/> Yes Initials _____ <input type="checkbox"/> No</p>				

# LIABILITY RELEASE

I hereby release Red Hen Press and its agents and employees from all claims, demands, and liabilities as a result of personal injury or property damage occurring while the above child/children is/are in their care at Red Hen Press. I understand this is not a licensed childcare facility. I have read, understand, and agree to adhere to the conditions stipulated above.

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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

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