

Parental Consent and Medical Information Form

Alpha, the Science Fiction/Fantasy/Horror Workshop for Young Writers

If you are accepted to the workshop, print, complete, include payment and, by May 31, send to:
Alpha, the SF/F/H Workshop for Young Writers
P.O. Box 3681
Pittsburgh, PA 15230-3681

(Cheques should be made payable to "Alpha")

Student's Name (please print)

Parent's/Guardian's Name(s) (please print)

Parents: Read and sign this section if the student will be under 18 years of age by the time of the workshop:

I do hereby consent that my child may participate in Alpha, the Science Fiction/Fantasy/Horror Workshop for Young Writers. I further acknowledge that the workshop staff and/or the University of Pittsburgh (Greensburg Campus) will not be held responsible for any injury or accident that might occur while my child is participating in this program, and that any medical expenses incurred as a result of injury or accident will be my responsibility. I affirm that my child has health insurance, and may be treated in an emergency if I cannot be contacted.

I give my permission for videotapes/photographs to be taken of my child to be used in the classroom, in publications, newspapers, television, or other visual media as related to Alpha, the SF/F/H Workshop for Young Writers. I understand that the above videotapes/photographs become the property of the Alpha, the SF/F/H Workshop for Young Writers and that they may be used for news, education, education web pages or other purposes related to the advancement of the program.

Parent/Guardian Signature

Date _____

Is your child willing to read stories that might contain strong language, sex, and/or violence? Yes ___ No ___
(Please initial - this information makes it easier to divide up the critique groups.)

Student: Read and sign this section if you are 18 or older:

I acknowledge that the workshop staff and/or the University of Pittsburgh (Greensburg Campus) will not be held responsible for any injury or accident that might occur while I participate in Alpha, the SF/F/H Workshop for Young Writers and that any medical expenses incurred as a result of injury or accident will be my responsibility. I affirm that I have health insurance, and may be treated in an emergency if I am unable to give my consent.

I give my permission for videotapes/photographs to be taken of me to be used in the classroom, in publications, newspapers, television, or other visual media as related to Alpha, the SF/F/H Workshop for Young Writers. I understand that the above videotapes/photographs become the property of Alpha, the SF/F/H Workshop for Young Writers and that they may be used for news, education, education web pages or other purposes related to the advancement of the program.

Student Signature

Date _____

Are you willing to read stories that might contain strong language, sex, and/or violence? Yes ___ No ___
(Please initial - this information makes it easier to divide up the critique groups.)

Medical Insurance Information

Name of Insured

Insurance Company

Policy Number

Group Number
