

University of Arizona Interactions with Non-Enrolled Minors Program Participant Information Form					
WSIP YOUNG WRIT	ERS INSTITUTE: WRITING PERS	ONAL STATEMENTS			
Name of Minor:					
Date of Birth:					
Address:					
Phone Number:	E-mail Address:				
Parent/Legal Guardian Informa	ation				
Name	Home Phone Number	E-mail Address			
	Cell Phone Number				
Name	Home Phone Number	E-mail Address			
	Cell Phone Number				
Emergency Contact Informatio	n				
Name	Home Phone Number	E-mail Address			
	Cell Phone Number				
Individual s (ot her than a parent/lega Program	l guardian) authorized to pick up the	Program Participant from the			
Name	Cell Phone Number	Relationship to Minor			
Name	Cell Phone Number	Relationship to Minor			





POLICY ON INTERACTIONS WITH NON-ENROLLED MINORS

Minor Participant Code of Conduct for Virtual Programs

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Virtual Programs or activities it sponsors. Below is an outline of expectations that we ask of minor participants and their parents/guardians.

Minor Participants:

- I understand I am expected to treat my fellow participants and staff with respect. I will not be disrespectful to guest speakers, counselors, or anyone associated with the program/event.
- I understand I am expected to dress appropriately while on camera.
- I understand an online summer program should be treated the same as an in-person program. I will be aware of strong language, all caps, and exclamation points. I will be respectful of the instructor and other participants in the program. I will not be disruptive to the instruction, and I will log in on time and ready to participate. I will ensure I am in a quiet room with a clean backdrop and free of offensive and inappropriate material. I understand I will be dismissed from the program if I do not adhere to the above rules.
- I understand there is zero-tolerance for bullying. I understand that engaging in cyberbullying will result in being immediately expelled from the program.
- I understand that if I am expelled from the program, my parent(s)/guardian(s) will be notified and will not receive a refund for the program.

Parent(s)/Guardian(s)

- I understand that though my child will have online supervision while participating in programming, it is his/her responsibility to conduct him/herself in a responsible and respectful manner and abide by all program rules and regulations at all times.
- I understand it is my responsibility to notify the camp director if my child will not participant in daily activities due to illness or other planned activities

I have read, understand, and discussed the above expectations with my child.

WSIP YOUNG WRITERS INSTITUTE WRITING PERSONAL STATEMENTS Name of Program/Event

Printed Name of Minor Program Participant

Printed Name of Parent or Legal Guardian of Minor

Signature of Parent or Legal Guardian of Minor



Date



MULTIMEDIA CONSENT AND RELEASE FORM FOR INDIVIDUALS

Multi-media consent and release form for individuals I, the undersigned, hereby grant The Arizona Board of Regents on behalf of The University of Arizona (the "University") the right to videotape, film, audio record and/or photograph me and my performance in the Recordings identified below. I hereby grant the University, and its sublicensees, the exclusive, royalty -free rights to copyright, edit, publish, broadcast and otherwise use or disseminate all or any part the Recordings and my voice, image and likeness contained therein, for educational, research, commercial or promotional purposes, without condition or restriction, in whole or in part, in any medium or content whatsoever, including but not limited to, University websites, print, radio, television or any other electronic or digital forms of media throughout the universe. I also agree that there will be no residual or any other type of payment, royalty or fee due in connection with the rights granted herein. I agree to release the University from any and all claims for compensation, libel, false light, invasion of privacy, moral rights and rights of publicity.

Identification of Video,	Audio, Film	and/or Photo	ograph (the	"Recordings")
activition of viaco,	, (aaio, i iiii		Biabii (tiic	necoranigo ,

NAME (PRINTED)

SIGNATURE

DATE

DATE

Signature of guardian if under 18 years of age

