

registration



PERSONAL

Writer's Name _____

Parent/Guardian Name (s) _____ 'relationship' _____ 'relationship' _____

Address _____
city state zip

Home Phone () _____ Cell Phone () _____

Work Phone () _____ Email _____

Special information about your writer? _____

STUDIOSTL

Program Name

The following people have permission to pick up my writer: _____
name, relationship

name, relationship

_____ I would like to receive the StudioSTL monthly e-newsletter by e-mail.

How did you hear about us? _____

Date

EMERGENCY CONTACT INFORMATION

_____ name relation phone

MEDIA CONSENT

I give my consent for the following, in regards to writer _____:

- The work submitted (if not completed at StudioSTL) is original and unpublished and the work and any photographs taken during the program can be published online as well as in publications and promotional materials.
- I understand that StudioSTL asks writers to refrain from inappropriate language and writing that may hurt or degrade others. StudioSTL retains the right to paraphrase or re-word passages during the editing process.
- I understand that StudioSTL is a non-profit organization that provides free youth programming and I will not receive compensation for the use by StudioSTL of any such photographs or artistic work, but free copies of the publication.

Please indicate below your permission to allow StudioSTL to print and publish your child/writer's name.

I WOULD LIKE MY WRITER'S NAME LISTED AS FOLLOWS IN STUDIOSTL PUBLICATIONS, INCLUDING ON-LINE PUBLICATION AND IN PROMOTIONAL MATERIAL. _____

Signature of Parent/Guardian or 18-Year-Old Writer

Date