

Summer Justice Institute 2019



April 18, 2019

Dear Parent/Guardian:

Your child has been invited to attend the Summer Justice Institute sponsored by the American Civil Liberties Union of Wisconsin.

This program takes place over two weeks this summer **Monday to Friday, July 15 through July 26, 2019 from 10am to 4pm** each day at Marquette University.

Summer Justice Institute Mission:

The ACLU of Wisconsin and partnering community groups and leaders will provide approximately 40 high school students, a two-week intensive camp experience teaching essential leadership and social justice issues, skills and techniques for civic engagement. Public speaking, civil liberties and civil rights, organizing, visual arts, self-care, current events and threats to our society are among the issues we will be exploring. From free speech to privacy and from mass incarceration to voting rights, students will become experts on the issues currently being confronted in Wisconsin today.

Students will need to arrange to be at Marquette University (at the Eisenberg Room in Sensenbrenner Hall) by 10am every day of the Summer Justice Institute. Bus passes for public transportation may be provided if needed.

Lunch will be provided every day for students, please note in the attached permission forms if your child has any dietary restrictions. Students will be released at 4pm each day and are responsible for arranging transportation home.

On one evening there will also be a community building event at Bounce Milwaukee (2801 S 5th Ct, Milwaukee, WI 53207), there is a separate permission form and students will be transported to Bounce and will need to arrange rides home.

Please direct any questions to Emilio De Torre, Director of Community Engagement, ACLU of Wisconsin at 414.305.8569 or Marissa Ocampo at 214.505.1728. Return these forms to mocampo@aclu-wi.org



Participant Info Form

Member Name: _____

Nickname (optional): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Gender: _____ School: _____

Grade: _____ D.O.B: ____/____/____ Ethnicity: _____

Email: _____

(Required)

Parent/Guardian Info

Parent 1 (Custodial) Name: _____

Relationship: _____ Cell Phone: (____) _____

Home Phone (if different): (____) _____ Work: (____) _____

Occupation & Job Title: _____

Parent 2 Name: _____

Relationship: _____ Cell Phone: (____) _____

Home Phone (if different): (____) _____ Work: (____) _____

Occupation & Job Title: _____

Student lives with: ____Mother ____Father ____Both Mother/Father ____Other Relative

Emergency Contact Info

1. _____
Name Relationship to student

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell

2. _____
Name Relationship to student

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Cell

Physical and Mental Health Information

Please inform us of any health related issues that may affect participation, performance and/or attendance. Please include allergies, chronic recurring illnesses, medications, dietary needs/restrictions, operations or serious injuries (include dates), mental health or behavioral concerns, physical limitations, etc.:

Name of Family Physician: _____ (_____) _____
Phone

Do you have health insurance? (circle) YES NO

If yes, insurance company name: _____

Policy/Group#: _____

The health history is correct so far as I know, and the person herein described has permission to participate in all planned activities unless otherwise noted. Parent Initial _____

Emergency Authorization

I hereby give permission for the medical personnel selected by ACLU staff/volunteers to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that ACLU or it's affiliates are not responsible for any medical expenses. I will assume responsibility for all medical expenses incurred by my child.

Parent/Guardian's Signature: _____ Date: ____/____/____

Additional Info

T-Shirt Size: S M L XL XXL XXXL

List of favorite games or activities (board games, video games, card games, sports, etc.)

Do you need: ____ Bus Pass

Parent/Student Liability Agreement

ACLU seeks to ensure the safety of all participants in our programs and activities. Please read the following agreement and sign your name on the appropriate line at the bottom of this page.

This form is to obtain your permission as the parent or legal guardian of:

_____ to do the following:
(please print student's name)

1. Grant permission for the above participant to travel to and from all programs and activities related to the Summer Justice Institute.
2. Authorize the administration of emergency medical care to the participant in the event you cannot be reached.
3. Parent/Guardian will assume all risks and responsibilities surrounding the applicants' participation in the Summer Justice Institute. This includes harm to person and property.
4. Authorize the printing, reproduction and use of photo images for respectful use in program promotion, marketing, documentation, and reporting.

I hereby voluntarily agree to assume all risks and responsibilities surrounding my child's participation in Summer Justice Institute programs and activities. I hereby release and agree to hold harmless the Boards of Directors of the ACLU of Wisconsin, Marquette University, and any other agency involved and their officers, agents, employees, and volunteers from any liability or damage to personal property or personal injury which may result from my child's participation, except to waive liability for intentional or reckless conduct. I understand that without such a waiver, it would be prohibitively costly to offer this program free of charge.

I hereby consent/authorize the administration of care to the above named participant in the event that I cannot be reached. This authorizes ACLU personnel to obtain treatment from any reasonably accessible health care institution should the need arise. I understand that I will be notified as soon as possible of any emergency situation. Further, I understand that I am responsible for the costs of all services and medications.

Do not sign this liability agreement unless you understand and accept the terms stated above. If you want ACLU to consider different terms for an agreement, please note them below or on the reverse side and submit the unsigned form for ACLU's review and consideration. If ACLU accepts or desires to counter the term(s) you propose they may contact you to discuss the matter.

I have read, understand, and agree to the above.

_____ /_____/_____
Parent/Guardian (1) Signature Date

_____ /_____/_____
Parent/Guardian (2) Signature Date

Student Agreement

I promise to respect all of the individuals involved in the Summer Justice Institute and keep confidential any sensitive or personal information or stories shared.

_____ /_____/_____
Student Signature Date