Summer Justice Institute 2019



CENTER for URBAN RESEARCH, TEACHING AND OUTREACH

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:

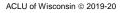
The ACLU of Wisconsin and partnering community groups and leaders will provide approximately 40 high school students, a two-week intensive camp experience teaching essential leadership and social justice issues, skills and techniques for civic engagement. Public speaking, civil liberties and civil rights, organizing, visual arts, selfcare, 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





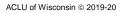
Participant Info Form

Member Name:	
Nickname (optional):	
Address:	Apt. #:
City:	State: Zip:
Home Phone: () Cell Phone: ()
Gender: School:	
Grade: D.O.B:/ Ethnic	city:
Email:(Required)	
Parent/Guardian Info	
Parent 1 (Custodial) Name:	
Relationship: Cell Pho	one: ()
Home Phone (if different): ()	_ Work: ()
Occupation & Job Title:	
Parent 2 Name:	
Relationship: Cell Ph	one: ()
Home Phone (if different): ()	_ Work: ()
Occupation & Job Title:	
Student lives with:MotherFather	Both Mother/FatherOther R
Emergency Contact Info	
- /	
1 Name	Relationship to student
() () Home Phone Work Phone	(<u>)</u>
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.:

	ician:			_ () Phone
Do you have health in	nsurance? (circle)	YES	NO	FIIONE
If yes, insurance com	pany name:			
Policy/Group#:				
-			•	n herein described has permiss d. Parent Initial
Emergency Authoriz	zation			
rays, routine tests and emergency, I hereby treatment for, and to	d treatment for my o give permission to t order injection and/	child, and the physic or anesthe	in the eve ian selec esia and/o	I by ACLU staff/volunteers to or ent I cannot be reached in an ted to hospitalize, secure prope or surgery for my child as name
will assume responsib				onsible for any medical expense by my child.
will assume responsib	bility for all medical	expenses	incurred	
will assume responsib	bility for all medical	expenses	incurred	by my child.
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ACLU

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:

(please print student's name)

to do the following:

- 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.

___/__/__ Date

Student Signature

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