Middle School Reading Ambassador Parent/Guardian Permission and Consent Forms

Dear Families,

We welcome your child and you to the Worlds of Words Center, University of Arizona College of Education (TLS) community! We are pleased that your child chose to participate in the Middle School Reading Ambassador initiative for middle school students and want to assure you that we are committed to making this a rich and rewarding educational experience. We also recognize that this may be your child’s introduction to college. We are available anytime should you or your child have questions about this educational experience or any other aspect of Worlds of Words.

We are also requesting a marketing release, explained below. Your child will sign an agreement to participate in the program that, among other things, outlines our expectations. Additionally, your child will complete an emergency contact sheet along with other forms required by the Youth Safety Office for the University of Arizona. There’s a ton of paperwork, and we appreciate your patience with it. Thank you for making us a part of your child’s education.

Rebecca Ballenger
Associate Director

PERMISSION TO PARTICIPATE, YET HOLD HARMLESS

I, the parent/guardian of __________________________, hereby give my permission for my child to participate in the Worlds of Words Middle School Reading Ambassador initiative including the course materials, online platforms for organization and communication, trips (if any), and enrichment activities. I understand that my child is expected to independently share with their friends and classmates their experiences with the books they read and other enrichment activities as part of this program. I also understand that my child is learning in a university environment and may be exposed to the same content that is taught to university students. Finally, I recognize and agree to the monthly attendance commitment.

I agree not to hold my child’s school or any of its employees or Worlds of Words, the College of Education, the University of Arizona or any of its employees responsible for any expenses or injuries that my child may incur while engaged in this activity. I understand that my child is responsible for his/her/their behavior at all times. I agree that in the event of an injury, Worlds of Words personnel in charge of this activity may act on my behalf in obtaining medical treatment for my child.

Signature of Parent/Guardian: __________________________ Date: __________________________
AMBASSADOR AGREEMENT TO FULLY PARTICIPATE

I, __________________________, hereby agree to the terms of the Middle School Ambassador initiative. These terms include meeting once a month, reading the assigned book, participating in the enrichment exercises and online activities, and conducting outreach to my peers. I understand that I am expected to independently share with my friends and classmates my experiences with the books I read and other enrichment activities as part of this program. I also understand that I am learning in a university environment and may be exposed to the same content that is taught to university students. Further, I will receive a certificate of completion if, and only if, I attend and participate in at least 80 percent of the meetings. Below that threshold, participation is still welcome and recognized.

I will secure all permissions necessary from my school’s administration before distributing or posting any promotional flyers or posters at my school or tagging my school on social media. I will contact my school librarian (or equivalent) to explain our program and deliver a copy of each book I read as part of the Middle School Reading Ambassador initiative and coordinate promotional efforts with the librarian (or other administrator) if possible.

I will carefully think about the messages I send, both oral and written, in person and online, about the initiative, Worlds of Words, and myself to ensure the safety of my fellow ambassadors and myself. I understand that my work as an ambassador, including photos, art, and/or writing, will be used in promoting the initiative.

I understand that I am responsible for my behavior at all times.

Signature of Ambassador: ___________________________ Date: ___________________________

[ ] Parent/guardian initials
CONTENT PUBLICATION RELEASE

We are sending you this parental consent form to both inform you and request permission for your child’s photos, images, writing, audio/video recording or other Content and name to be published on the Worlds of Words public website, promotional activities and collateral, and social media feeds. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we want to celebrate your child and his/her/their work. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail addresses, and phone numbers. It is our policy to keep contact information (residential addresses, e-mail addresses and phone numbers) strictly confidential. We may, however, want to include photos highlighting your child’s work or school on our website and in our publications, and seek your permission to do so.

By signing below, I acknowledge, agree and grant the following permissions to the Worlds of Words:

● Worlds of Words may use, edit, publish, reproduce, distribute, or otherwise disseminate the Content for its educational, research, commercial or promotional purposes, in any media including websites, print, radio, television, or other existing or future-developed media.

● I will not receive compensation related to the use of the Content nor will I have the right to edit or control the Worlds of Words use.

● I agree to release the Worlds of Words from any and all claims related to the use of the Content. This means that I will not assert a claim against the Worlds of Words in connection with its use of the Content, or claim the Worlds of Words violated any of my rights related to the Content or the use of my child’s name, image, or likeness included in the Content.

● I have read this Consent and Release and fully understand and agree with its terms.

Please indicate only one of the choices below by writing your initials in the box:

[ ] I/we GRANT permission for Content and first name with school to be published on the Worlds of Words public internet or other media and to allow my child to post their work with Worlds of Words on their own online accounts.

[ ] I/we DO NOT GRANT permission for Content and first name with school to be published on the Worlds of Words public internet or other media and to allow my child to post their work with Worlds of Words on their own online accounts.

Student’s Name: (Please Print)____________________________________________________________

High School:__________________________________________________________ Current grade level:______

Parent/Guardian’s name: (Please Print)_______________________________________________________

Signature of Parent/Guardian:_________________________________________ Date:_____________________
SELF-TRANSPORT AUTHORIZATION FORM

I, (Parent/Guardian Name) ____________________________, being the parent and/or legal guardian of (Child’s name) ____________________________, do hereby give my consent for the above named minor child to sign themselves in and/or out of and/or transport themselves to and/or from (program name).

I understand that after my child signs out, the University of Arizona will be under no obligation to supervise my minor child and will not be supervising my minor child. I understand that there are certain risks of injury inherent in a minor child signing out him/herself leaving the University of Arizona campus and travelling to another destination without adult supervision, and I am willing to assume these risks on behalf of my child.

Such risks may include, without limitation, criminal acts of third parties, road/traffic safety hazards, and my child not following my instructions on where to go. I represent and warrant to the University of Arizona that I have instructed my/our child on safe practices and discussed how and where my child is to go after he/she signs himself/herself out of camp and that, as the child’s parent/legal guardian, I am of the opinion that my child is old and mature enough to sign him or herself out of his/her program.

On behalf of myself and my child, I hereby unconditionally and irrevocably release, hold harmless and agree to fully indemnify the University of Arizona from and against any and all lawsuits, claims, demands, actions, suits, causes of action, liability, losses or damages, and any fees/ expenses/costs, of any kind whatsoever (including attorneys’ fees and costs), whether known and unknown, that may arise from or are related to my child signing him or herself out from the program without an adult and his/her/their departure from the University of Arizona and traveling to another destination without adult supervision.

By signing below, I acknowledge that I have carefully read, understand, and voluntarily agree to the above assumption of the risk, release, waiver, indemnity and other terms of this University of Arizona Minor Self Transportation Release Form.

Parent/Guardian (Print Full Name) ____________________________________________________________

Parent/Guardian Signature Parent/Guardian Signature ____________________________________________

Date: ___________________________________
BEHAVIORAL EXPECTATIONS FOR MINORS

The University of Arizona is committed to providing a safe, fun, and healthy learning environment for all Minors involved in Programs or activities it sponsors. The University encourages an environment of mutual respect among participants, volunteers, staff, and faculty.

Minors are expected to follow all University policies as well as the guidelines listed below:
1. Work cooperatively and respectfully with other Minors and Program staff.
2. Follow established Program and activity rules and directions.
3. Use appropriate language and behavior at all times. Language or behavior that is abusive, harassing, or threatening may result in my removal from the event or activity.
4. Use all University property and materials appropriately. Charges may be incurred in the event of misuse or damage.
5. Dress appropriately for the activities as directed by Program staff, including the use of safety gear where required.
6. Remain on event property or with the group at all times. Participants should not leave the property or group without prior notification and authorization from Program staff.
7. Obey all local, state, and federal laws.
8. Do not bring any prohibited items to activities and events, including tobacco, alcohol, drugs, illicit material, and weapons outside of sanctioned events.
9. Do not host guests in University-owned or University-provided overnight accommodations without express permission from Program staff.
10. Report to the Program supervisor any abuse or neglect committed against any Minor during Program activities.
11. Electronically contact Program staff only for programmatic reasons and only using official channels (i.e., website, Facebook page) established by the Program for such purposes.

It is the goal that all Minors have a positive experience at events and activities offered, hosted, or sponsored by the University of Arizona. In order to promote the health and safety of all involved, participation by a Minor may be terminated at the discretion of Program staff if the Minor does not abide by the above expectations.

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

______________________________  ______________________________
Printed Name of Parent or Legal Guardian of Minor  Date

______________________________  ______________________________
Signature of Parent or Legal Guardian of Minor  Date
PROGRAM PARTICIPANT EMERGENCY INFORMATION FORM

Name of PARTICIPANT: __________________________

Date of Birth: ____________________________

Address: ________________________________

Phone Number: _____________________________

E-mail Address: ____________________________

Parent/Legal Guardian(s) Information

Name 1
______________________________
Home Phone Number
______________________________
E-mail Address
______________________________
Cell Phone Number
______________________________

Name 2
______________________________
Home Phone Number
______________________________
E-mail Address
______________________________
Cell Phone Number
______________________________

Emergency Contact Information

Name
______________________________
Home Phone Number
______________________________
E-mail Address
______________________________
Cell Phone Number
______________________________
Individuals (other than a parent/legal guardian) authorized to pick up the Program Participant from the Program

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If your child has a medical issue or an allergy that we should be aware of, or if you have any other questions or concerns, please include them here:

_______________________________________________________________________________________

Please include any other information that may pertain to medical treatment such as preferred emergency hospital, name of insurance provider, date of last Tetanus shot, current medications, and pediatrician’s telephone.

_______________________________________________________________________________________

I (we) hereby authorize a representative of Worlds of Words to consent to any medical care and treatment for ________________________________ (Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

_____________________________  _______________________
Parent's Signature            Date
HELP US GET TO KNOW YOU

Ambassador Name and Nickname if Applicable: ________________________________

Ambassador Pronouns: ____________________________________________

Mobile Phone___________ Email: ________________________________

Preferred form of contact (circle):  Text message or Email
(We heavily rely on email, but will do our best to accommodate requests.)

Middle School: ________________________

Name of your librarian/English Language Arts teacher: ________________________________

What was your favorite book or series in elementary school?

____________________________________________________________________________

What is a good book you have read recently?

____________________________________________________________________________

The farthest I have ever traveled from home is … ___________________.

My favorite place in the world is … _______________________________.

GUIDELINES AND HELPFUL INFORMATION

Worlds of Words

*Worlds of Words is committed to creating an international network of people who share the vision of bringing books and children together, thereby opening windows on the world. We encourage thoughtful dialogue around global literature so that children can reflect on their own cultural experiences and connect to the experiences of children across the globe.*

Worlds of Words: Center for Global Literacies and Literatures is a center within the University of Arizona College of Education. The collection holds 40,000 books and original art from published picturebooks. The space includes our main collection, the Mary J. Wong collection, classroom, studio, and several private work areas. The space is open to the public from 9 a.m. to 5 p.m., Monday through Friday, and 9 a.m. to 1 p.m. on Saturday. We follow the UArizona vacation and holiday schedule.

WOW follows all the guidelines outlined by the CDC, Federal, State, Local, and UArizona/UArizona COE. We encourage that masks are worn at all times, temperatures are taken before entry, hands sanitized upon entry, social distance practiced whenever possible, and study space must be cleaned prior to exit.

In addition to the literature discussions and author visits ambassadors participate in, WOW offers free programming for the public all year around. Please feel free to join us at any of our author/illustrator workshops for younger children, exhibits, and other events. WOW also offers free tours and school field trips.

WOW has extensive online content for preservice teachers, teachers, teachers educators and others who share our interest in global stories for young people. This includes three peer-reviewed academic journals, a blog with five distinct features, and a catalog of international books. All these online resources are available free to the public.

Office of Youth Safety

All personnel overseeing the Teen Reading Ambassadors have been through a background check through UAPD that includes fingerprint checks. Additionally, they have gone through youth safety training through UArizona. For questions about policies regarding unenrolled minors on the UArizona campus, please contact Jocelyn Gehring, 520.621.8223.

Sanctioned Activity

While ambassadors are encouraged to promote reading as part of their experience, the only sanctioned activities take place during scheduled meetings in the Worlds of Words Center.

Reading List

Ambassadors will soon begin participating in literature discussions. We will work in whole groups and small groups to discuss books in depth. By participating in literature discussions students are able to engage in critical thinking and reflection as they read, discuss, and respond to books.
Typically, ambassadors have a choice in the books they choose and so we can’t always give parents/guardians advance notice. For this reason, we encourage parents/guardians to stay engaged with their children regarding the program. In this way, parents/guardians can approve readings if they feel it necessary, but also this will allow ambassadors a chance to practice their advocacy for reading. Books are typically selected based on thematic connections, student interest, and author availability. These selections will also be read by personnel overseeing the Middle School Reading Ambassador program. However, because some of the books may contain mature content, we want parents/guardians to be engaged.

To help you get to know the types of books selected by ambassadors and program coordinators, please see the following list of books/authors we read for the pilot program of Middle School Ambassadors. Parents/caregivers are encouraged to do further research on these books.

• Roshani Chokshi, *Aru Shah and the End of Time*
• Venkatraman Padman, *The Bridge Home*
• Mariko Nagai, *Under the Broken Sky*
• Heather Kassner, *The Plentiful Darkness*

Ambassadors will select three to four authors at orientation for WOW to approach about a discussion with ambassadors. Additionally, ambassadors traditionally moderate a private session at the Tucson Festival of Books. Depending on how that organization conducts the festival, ambassadors may select an author or illustrator who committed to the festival. Ambassadors may also be asked to participate in the Big Read. Depending on the progression of the program, we will have a fifth book for the end-of-program Certificate Presentation.

**Predicted Schedule for Ambassadors**
August 27, 2022: Orientation, 10 to noon
September 24, 2022: Lit Discussion, 10 to noon
October 15, 2022: Author Event, 10 to noon.
November 12, 2022: Lit Discussion, 10 to noon
December 3, 2022: Author Event, 10 to noon
Nothing in January
February 2023: Lit Discussion, 10 to noon
March 2023: Author Event, TBD
March 2023: Tucson Festival of Books, TBD
April 2023: Lit Discussion, 10 to noon
May 2023: Author Event and Certificate Presentation, 10 to noon

Please indicate that you have received, understood, and approved this additional information.

Ambassador (Print Full Name)________________________________________
Ambassador Signature____________________
_________________________________________  Date: __________

Parent/Guardian (Print Full Name)________________________________________

Parent/Guardian Signature__________________________________________ Date: