

KETTLE MORAINÉ PRESS ASSOCIATION

Continuing Education Services, Roseman 2005
University of Wisconsin-Whitewater
Whitewater, Wisconsin 53190
(262)472-3165 or (800)622-0350

July 2011

Dear KEMPA Summer Workshop participant:

We are so pleased that you will be attending the KEMPA Journalism Workshop on the campus of the University of Wisconsin-Whitewater, July 24-27. The staff has put together an outstanding program this summer, with some great ideas to help you and your school's publication. It will be a lot of work, but there will be time for fun and for meeting new friends, too.

Please review this list and other enclosed materials with your parents. Also, please read the enclosed booklet and make sure you are completely aware of the policies of the workshop. We want your experience to be positive and enjoyable.

Material to bring to the workshop:

- Fan
- Alarm clock
- Bedding, towels, etc., as listed in the booklet
- Copies of your publication to share and show off
- Computer (optional) (*KEMPA and UW-Whitewater are not responsible for the loss or theft of computer equipment.*)
- Flash drive to save files you create during workshop
- Extra rechargeable batteries and a battery charger
- Notebook for class notes and something to write with

If you are bringing a car to Summer Workshop, please park in Lot 20 behind Wells East Residence Hall. You will need a 3-day parking pass for \$3, which you may purchase at check-in. You must also turn in your keys at check-in. You will get them back on Wednesday after the last session.

Yearbook students: You need to bring the web address for your yearbook company's online program for your publication—and any passwords required.

If your adviser wants you to have an on-site critique of your newspaper or yearbook, send your publication here to Continuing Education in advance. *Do not expect to have your publication critiqued unless it is sent in advance.*

REMINDER: Please have the Health History Questionnaire/Consent Form properly completed and signed by a parent. *You will not be able to check in without it.*

We look forward to seeing you on Sunday, July 24, between 11:00 a.m.-12:00 p.m. Check-in is in the lobby of Wells East Residence Hall. I suggest checking in early to give yourself time to get lunch and be back at the Residence Hall by 12:45 p.m. to walk over to Heide Hall as a group.

Sincerely,

Linda Barrington, Workshop Director

www.KEMPAonline.com

WELCOME

Welcome to the 2011 Kettle Moraine Press Association Summer Journalism Workshop! Included in this booklet is valuable information concerning workshop policies, residence-hall living, food-service information, and instructors. When you check in for the workshop, you will receive an updated schedule listing the sessions and their locations. If you have any other concerns or questions, feel free to contact a staff member at any time.

The Summer Journalism Workshop is conducted under the auspices of the Kettle Moraine Press Association through Continuing Education Services, University of Wisconsin-Whitewater.

The director for the workshop is Linda Barrington. Kellie Doyle is the assistant director.

TELEPHONES

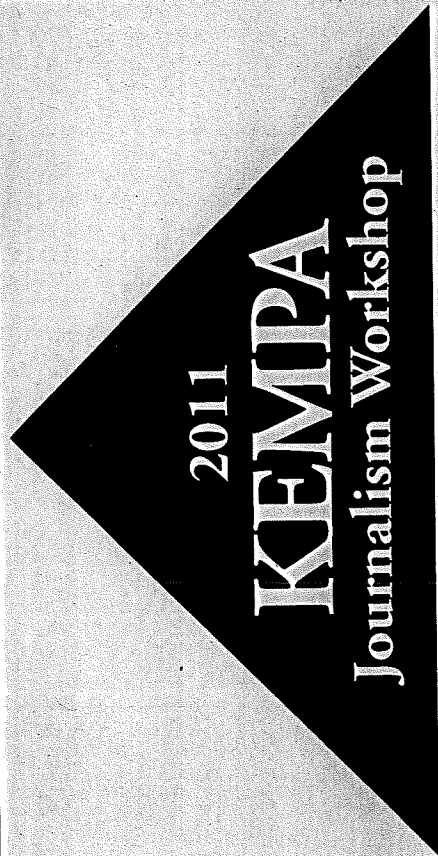
You may bring a phone and pre-paid phone card, if desired, so that your parents may call you. There is a phone jack in your room. The phone will only be good for campus calls and incoming calls. Outgoing calls will require a pre-paid phone card.

Pay telephones are located in the lounge area of the lower level of the residence hall.

The following campus phone numbers are included to assist you in emergencies and for general information:

Continuing Education Services Office.....	262-472-3165
Goodhue Front Desk	4200
Admissions Office	1440
Bookstore.....	1280
Police Services	4660
University Police (emergency).....	9-911

Wells East Hall evening emergency number: call workshop director Linda Barrington at (414)587-2924.



Kettle Moraine Press Association
and
Continuing Education Services

July 24-27, 2011



POLICIES

OBEY THE LAW

The use of tobacco, alcohol, narcotics and marijuana, or other participation in illegal activities at the workshop is prohibited. Those who do not abide by this policy will be immediately dismissed from the workshop. Any violation of the law will result in immediate dismissal. Parents will be notified and must arrange for immediate transportation home.

IN BY 10:30 P.M.

Students need to be in the residence hall every night at 10:30 p.m. as the outside doors will be locked at that time. Students also need to be in their rooms by the Room Check time indicated on their schedule and may not leave their floor after that time. **No boys are allowed on the girls' floor, and no girls are allowed on the boys' floor. Those found in violation will be sent home immediately.** Quiet Time is from 11:30 p.m. to 6:30 a.m., which means that students must be in their rooms during that time and there are to be no radios on, loud talking, typing, etc. Lights may be "on or off" but must be mutually agreed upon by roommates.

SMOKING

There is no smoking in any campus building.

MOTOR VEHICLES

Students should NOT bring cars. However, if it is essential that you bring a car, the car is to be parked in Lot 20 near Wells East Hall and the **keys must be turned in at registration time** and will be returned at the conclusion of the workshop. It is KEMPA's policy that students do not enter a vehicle while attending the workshops unless it is an official university vehicle driven by a workshop employee. Students will not be allowed to enter or operate their vehicle while participating in workshops. You will also have to purchase a parking permit. These may be obtained at the University Visitor Center on Starin Road. UW-Whitewater and the Kettle Moraine Press Association are not responsible for damage or theft to your motor vehicle. **YOU MAY NOT DRIVE DURING THE WORKSHOP.**

GUESTS (NOT ALLOWED)

No outside guests are permitted during the workshop. Visitors from your immediate family must notify the main desk or workshop director of their presence.

There will be no hazing, taunting or teasing of other campers or guests on campus. Violator will be dealt with accordingly.

BADGES

Your name badge must be worn at all times for identification on campus. Not only will this help us recognize workshopers, but also it will aid us in identifying unauthorized people in the area. If you lose your badge, please see the workshop director for a new one.

ROOM ASSIGNMENTS

We have made every effort to assign you to a room with the person you requested, as long as the other person also requested you. If you did not request a roommate, you will be randomly assigned one. There will be no changes to room assignments after you arrive at Summer Workshop.

FOOD CARDS

You will be issued a food card which must be presented for each meal. If this card is lost, it can be replaced at a cost of \$1.00. The second time the card is lost, the replacement will cost \$5.00. Replacement cards may be obtained at Esker Dining Hall. Your first meal under the food plan is dinner on Wednesday. Your last meal is lunch on Saturday.

RESIDENCE HALL LIFE

FURNISHINGS

The University furnishes a bed and mattress, mattress cover, drapes, dresser, mirror, desk and chair, wastebaskets, bookshelves, closet space, desk lamp, wall lamp and smoke detector. **Bed linens and pillows are not included.**

WHAT TO BRING

In addition to items listed in the cover letter with this mailing, you will need to bring soap, toiletries, blanket, pillow, pillow case, towels, bed linens or sleeping bag, and personal belongings and clothing.

There is no air conditioning in the residence hall, and **fans are not provided!** For your own personal comfort while in the residence hall, you may wish to bring a fan.

Televisions in student rooms are permitted only by mutual agreement of roommates. Antennas may not exceed the physical boundaries of each room. Outside antennas are not permitted. Cable outlets are in each room.

WHAT NOT TO BRING

The following electrical appliances are prohibited in student rooms: toasters, frying pans, sandwich grills, hot plates, hot pots and waffle irons. The university reserves the right to remove any illegal or dangerous electrical appliances. Only coffee makers with the heating element completely enclosed and built into the coffee maker are permitted. Immersion cup heaters are not permitted.

COUNSELORS

Meet your floor counselors at the floor meeting. Students should report to their floor at 10:30 p.m. on Wednesday for this meeting. Please cooperate with your counselors.

DAMAGES

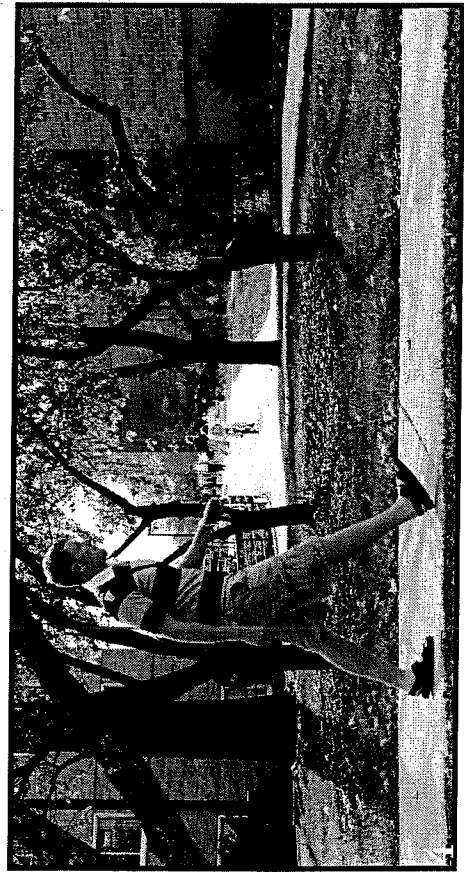
Check your room upon arrival. If there are any damages, report them immediately to the summer assistant. If you do not report the damages until later in the week, you may be charged for the repair costs. Your fees support the workshop, and if there are any damages to the residence hall, the cost of replacement or repairs comes from your pocket. Monetary fines will be assessed by the university for removal of screens and any damages.

LAUNDRY

Coin-operated washers and dryers are available on the lower level of the residence hall.

LOUNGES

Because of the number of workshoppers using the lounges, the residence hall staff would like your cooperation in keeping them clean. They ask you to pick up after yourself when you leave. There is a TV in the lower level lounge. Please do not move any furniture!



LOCK YOUR DOORS

For your own protection, be sure to lock the door to your room at all times. Do not leave your room unlocked even if you are only going down the hall. The doors have coded locks, so if you forget your number, contact the summer assistant assigned to your residence hall.

VENDING MACHINES

Vending machines are located on the lower level. Should you have any trouble with the coin return, report the loss to the summer assistant.

GENERAL INFORMATION

CHECK-IN

Check-in will take place in the lower lounge of Fischer Hall on Wednesday from 11:30 a.m.-1:30 p.m. You will not be permitted to check in without the Health History Questionnaire/Consent Form being properly completed and signed. At the check-in you will receive a packet with an up-to-date schedule with room locations.

CHECK-OUT

The workshop ends on Saturday at 4:30 p.m. Please check out at the main desk by 5:30 p.m. Rooms must be cleaned and waste baskets emptied before you leave. Failure to complete this task results in a fine to be determined by the residence hall staff.

CLOTHING

Light and comfortable clothing suitable for the classroom environment is suggested. Please use good judgment. Most classrooms are air conditioned, and you may need a sweater or long pants. Layering clothing is advised.

MAIL CALL

Mail will be delivered to students in their afternoon sessions. Mail received after the workshop will be forwarded, if properly return addressed.

The correct mailing address is:

(Your Name)

KEMPA Journalism Workshop
Continuing Education Services
Roseman Building Room 2005
800 West Main Street
Whitewater, WI 53190

LOST AND FOUND

The University assumes no responsibility for loss of personal property of students, from theft or fire. Items left in the residence halls are turned over to Continuing Education Services and kept until the end of summer.

PUBLICATIONS AND MATERIALS NEEDED

Bring with you to the workshop a copy or copies of the publication on which you will be working in the coming year.

All students should bring pens, pencils, notebooks, and binders or folders to save handouts. Students will be using PC labs. Computers have USB ports. To save your work, you will need to bring a flash drive of your own. Students in Photography class should bring a digital camera and card reader or cord to connect your camera to the computer. Remember rechargeable batteries, and a battery charger!

USE OF ELECTRONIC ITEMS

The use of cell phones, pagers, electronic games, etc. is restricted to your free time. Do not use these items during instructional or work times.

You may wish to bring a laptop computer. **However, KEMPA and UW-Whitewater are not responsible for any damage to, loss, or theft of personal belongings.**

CLASS WORK

Everyone must attend all classroom and workshop activities. Attendance will be taken regularly, and absentees will be reported to the director.

Review the basic program so that you will know where you are to be, how to get there, and when you are to be there. A complete schedule with class and room assignments will be included in your packet which you will receive at check-in.

Bring your notebooks to all sessions; remember pens and pencils, too.

Class assignments are given for a purpose. All participants will complete such assignments according to specific deadlines.

The staff and lab assistants are there to help. If you have questions or need some additional help, just ask!

FOOD SERVICE

All meals will be served at Esker Hall. Your food card must be presented for each meal. Meals will be taken at the times scheduled for our workshop participants. Remember, there are more people on the campus than just the Journalism Workshop participants.

PUBLICATION CRITIQUE

One of the features of the workshop is being able to sit down with a staff member and go over your school's publication, finding ways it may be improved. Only one yearbook or three copies of your paper per school are necessary, but it is important to **send publications ahead of time** so the staff member can have time to review it. Check with your adviser to see if he/she has sent copies of your publication. **(Do not expect to have your publication critiqued unless it is sent in advance.)**

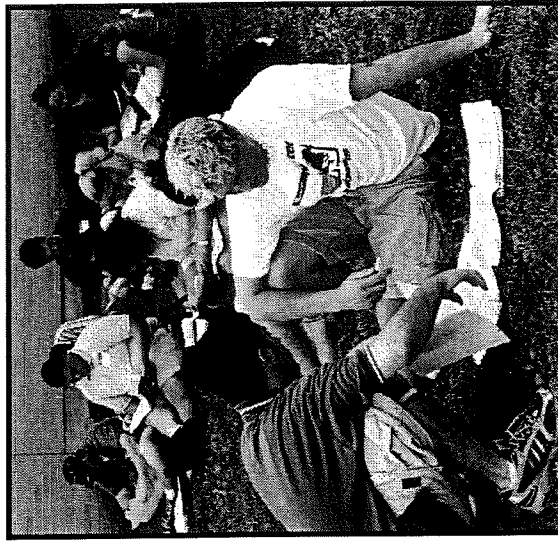
DIRECTOR & STAFF

DIRECTOR

Linda Barrington, director of the KEMPA Summer Workshops, teaches at Mount Mary College in Milwaukee where she advises the student newspaper; before that, she taught journalism, English, and speech at Wauwatosa East High School in Wauwatosa, WI. For 17 years, she advised the newspaper, which won the Quill and Scroll Gallup Award, NSPA All-American rating, CSPA Silver Crown, and the Wisconsin Newspaper Association General Excellence Award. Linda is a JEA Master Journalism Educator, co-chair of the JEA Mentoring Program, a National Board Certified Teacher, a former Dow Jones Newspaper Fund Special Recognition Adviser, and workshops director and president for the Kettle Moraine Press Association.

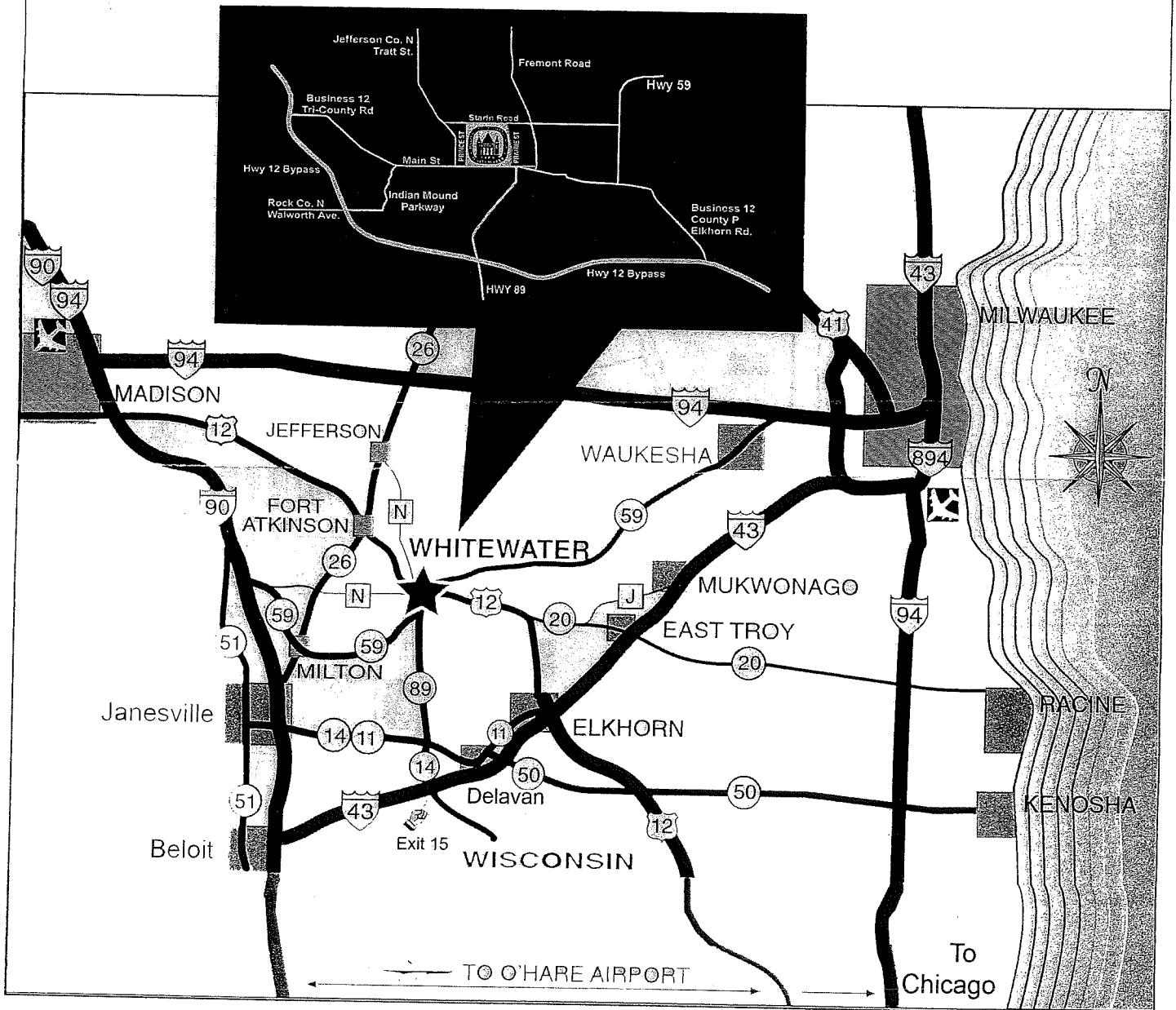
STAFF

Staff members are selected for their experiences and success as advisers. Instructors bring their expertise from Illinois and Wisconsin high schools or professional publications.





UNIVERSITY OF WISCONSIN
WHITEWATER
STAY CLOSE. GO FAR.



HEALTH HISTORY QUESTIONNAIRE

Participant

Name _____ Camp/Event _____ Camp Dates _____

Home Address _____ City _____ State _____ Zip _____

Sex () M () F D.O.B. _____ Height _____ Weight _____ Email _____

Parent/Guardian _____ Relationship _____

Home Phone _____ Work Phone _____

Address if different than participant's _____

Contact person in case of injury or illness. _____

Name _____ Relationship _____ Phone _____

Name of Physician _____ Phone _____

Name of Insurance Co. _____ Policy Number _____

MEDICAL HISTORY

Immunization Record

MMR (measles, mumps, rubella)

Dose 1 - Immunization at 12 months _____ / _____ / _____

Dose 2 _____ / _____ / _____

Tetanus-Diphtheria _____ / _____ / _____

Year of initial series _____ / _____ / _____

Year of last tetanus booster _____ / _____ / _____

Has the participant ever had major surgery or been hospitalized? () Yes () No

Please explain any significant operations, accidents, or illness, and last medical attention and reason _____

Does the participant have any physical condition(s) requiring special considerations? Explain _____

Is participant taking medication? () No () Yes

IF YES, complete the consent for medical administration

Does participant have allergic reaction to: (check box if YES)

- () Penicillin _____
- () Other Antibiotics _____
- () Other Medicines (type) _____
- () Insect Bites/Stings _____

Has participant had or is presently experiencing the following (check box if YES)?

- () Allergies _____
- () Asthma _____
- () Bleeding Disorder _____
- () Cancer _____
- () Colitis _____
- () Diabetes _____
- () Epilepsy/Seizures/Blackouts _____
- () Heart Disease _____
- () Hernia _____
- () Other _____
- () High Blood Pressure _____
- () Joint Injury/Surgery _____
- () Kidney Disease _____
- () Menstrual Difficulties _____
- () Mental/Emotional Problems _____
- () Neck/Back Pain/ Injury _____
- () Rheumatic Fever _____
- () Tuberculosis _____
- () Ulcer _____

CONSENT FOR MEDICAL TREATMENT

- If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent in the event that medical treatment is warranted.
 - By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
 - By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
 - By signing below you agree to hold harmless and indemnify the state of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-Whitewater, their officers, agents and employees, from any and all liability, loss, damages, costs or expenses which are sustained, incurred, or required arising out of the actions of your dependent in the course of the camp/event.
- Signature of Parent or Guardian if under 18 _____ Date _____ PLEASE COMPLETE CONSENT FORM

CONSENT FOR MEDICATION ADMINISTRATION

PARENTS OF CAMPERS UNDER AGE 14:

If your son/daughter/ward will be under the age of 14 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy that we collect, secure and administer any prescription medication brought to camp. Exceptions are only for a limited amount of medication for life-threatening conditions (e.g. bee sting, medication inhaler). Non-prescription medications or devices may be carried by the camper provided the Medication Consent Form has been signed by a parent or guardian. **Please complete the following and initial one of the three below:**

 initial No medication has been brought to camp.

 initial My son/daughter/ward has brought the following **non-prescription medication** to camp and will administer it him/herself. Name of Medication(s) _____

 initial My son/daughter/ward has brought the following **emergency medication** (i.e., bee sting kit, inhaler) to camp and has our permission to self-administer them. **Please complete the following.**

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

_____ My son/daughter/ward has brought the following **prescription medication** to camp; I understand it must be collected, secured, and administered by the Camp Health Staff. (If this option is checked, please complete the following; make copies of this form if needed):

Name of Medication 1 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

PARENTS OF CAMPERS AGE 14-17:

If your son/daughter/ward will be between the ages of 14-17 while at the University of Wisconsin-Whitewater, it is the State of Wisconsin Department of Health and Social Services policy to secure your consent regarding the dispensing of prescribed medication and for the use of medical devices. **Please complete the following and initial one of the two below:**

 initial No medication has been brought to camp.

 initial I give permission for the medication or medical devices to be self-administered by my son/daughter/ward. He/she has brought the following medication to camp: _____

Name of Medication(s) _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____

_____ I request that the medication or medical devices be collected, secured and administered by the Camp Health Staff. (If this option is checked, please complete the following):

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 2 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Name of Medication 3 _____ Prescribing Doctor _____ Doctor's Phone _____

Amount to be taken _____ How is it taken? _____ Time(s) of day to be taken _____

Days to be taken _____ Special instructions _____

Signature of Parent/Guardian _____ Date _____