

Hope & Love 4 Kids
“Love Yourself First” Girls Empowerment Movement
Conference Application

Please complete and sign **ALL** of the information in this packet and submit it in person to 108 South Burleson, Kyle, Texas, or to your school counselor, no later than Wednesday, April 26th, 2017, to be admitted into the “Love Yourself First” Girls Empowerment Movement Conference. If you would like to scan and email the application you may do so by sending it to loveyourselffirst@hopeandlove4kids.org. Space is limited to the first three students in each grade level at your school. No student can participate in the conference without parental consent.

Student Information

Student Name: _____ Nickname: _____

Gender: _____ Race/Ethnicity: _____ Grade (Spring 2017): _____

Name of Middle School: _____

Home Address: _____
(City, State, Zip)

Student Cell Number: () _____

E-mail: _____

Parent/Legal Guardian Information

Parent #1/Legal Guardian #1

Name: _____ Race/Ethnicity: _____

Home: () _____ Cell: () _____ Work: () _____

Email: _____

Parent #2/Legal Guardian #2

Name: _____ Race/Ethnicity: _____

Home: () _____ Cell: () _____ Work: () _____

Email: _____

Emergency Contact Information: (Used if we cannot make contact with parent(s)/legal guardian(s))

Name: _____ Relation to student: _____

Telephone: () _____

Additional questions for student and parent(s)/legal guardian(s):

Do you have any specific questions/concerns about the “Love Yourself First” Girls Empowerment Movement Conference?

What is one thing that you would like to learn from attending the “Love Yourself First” Girls Empowerment Movement Conference?

Please list your personal strengths and weaknesses:

Please list any food allergies that you may have:

List any special accommodations that you will require for the duration of the conference:

Any other questions, comments, or concerns:

(NAME OF CONFERENCE) RULES & EXPECTATIONS

(Both parent(s)/legal guardian(s) and student are expected to read through these and sign below.)

Our goal for this conference is teach young girls to respect themselves and others by engaging all participants in dialogue about issues of self-esteem/body image, healthy relationships/bullying, leadership development, cell phone/social media etiquette, and academic/career empowerment. We aim for our workshops to be informative and useful for every participant. In order to achieve this, guidelines must be set and expectations must be understood by all. It is our experience that students do best when they know what is expected of them in advance and come prepared.

This is a program that requires active participation. Each component serves a purpose and contributes to the entire experience. Those who DO choose to participate must commit themselves to doing their best at all times. Please take time to read through these. It is designed to help students, parents and/or guardians become familiar with program philosophies and expectations.

- **Participants are responsible for finding their own transportation to and from Kyle Elementary- Kimbro Building.** Program and supervision staff are not allowed to transport participants.
- **Participants are expected to arrive no later than 10:00 a.m.** If you will be late or absent, it is imperative for you to contact the office as soon as possible.

- **Students must dress appropriately.** Please follow your schools' dress code while participating in Love Yourself First Girls Empowerment Conference. Participants who show up wearing anything deemed inappropriate by supervision staff will be asked to go home and change
- **Be respectful of all of your peers and program staff.** Please listen to all that they have to share and follow any instructions and requests. Disruptive and disrespectful behavior will not be tolerated. Parent(s)/Legal Guardian(s) will be contacted if a problem arises, and participant will not be allowed to return at the discretion of the supervision staff.
- **Be accepting of others, celebrate differences.** Go beyond first impressions. Make an effort to learn more about others. Discrimination and Racism WILL NOT be tolerated. We want to respect the rights of others, just as we expect them to respect ours.
- **All electronic devices must be put on silent or turned off during our workshops.** While workshops are in progress, participants should NOT be calling, texting, or on the internet unless prior approval has been granted by a program supervisor.
- **You must respect all Kyle Elementary School property.** Property damage will be cause for dismissal from the program. Students will have to pay for all property they damage. We strongly emphasize respecting the property owned by the program and Kyle Elementary School. Any misuse of program resources or facilities will jeopardize future use.
- **Participants are expected to be respectful and attentive at all times.** Make the trip worth your time by being respectful and listening to the information being presented by presenters and asking questions. Be appreciative of the time and effort provided to you by the staff, guest speakers, and presenters.
- **Drugs are not allowed** unless they are prescribed by a doctor, cleared with the program staff, and recorded in the student's file. **Absolutely NO alcohol, marijuana, or other illegal drugs are allowed.** Anyone suspected of being under the influence of any illegal substance will be dismissed immediately, and parent(s)/guardian(s) will be notified. If necessary, law enforcement will be contacted.

By signing below, you acknowledge having read, understood, and agree to ALL the rules and expectations listed above.

Student Signature	Date
Parent or Legal Guardian Signature	Date

Permission Form and Authorization for Travel and Medical Treatment

Student Name: _____
 Social Security Number (if applicable): _____

I give my student permission to participate in the “Love Yourself First” Girls Empowerment Movement Conference at Kyle Elementary- Kimbro Building. My student has my permission to participate in all educational and recreational activities such as seminars/workshops, and team-building activities.

AUTHORIZATION FOR MEDICAL TREATMENT

I also grant permission to the Director/Coordinator of Hope & Love 4 Kids, or his/her authorized representative, to furnish such minor medical care as my student may require. Further emergency treatment, i.e. treatment in the event of a serious illness or the need for hospitalization and/or major surgery, is granted conditional upon understanding that the supervision staff will use all reasonable efforts to contact the emergency reference (parent/legal guardian) named herein. Failure of such efforts, however, should not prevent the staff from providing such emergency treatment as is appropriate for the well-being of the student listed above. I further understand and agree that Hope & Love 4 Kids is not legally liable, financially or otherwise, for such emergency treatment.

Parent or Legal Guardian Signature	Date
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Please complete the section below for your family's medical health provider.

Name of Insurance Company _____ Policy: _____

Name of Family Physician _____ Phone: _____

Parent/Guardian Name: _____

Wk. # _____ Hm. # _____ Cell # _____ Relation _____

In case of emergency, please contact: _____

Wk. # _____ Hm. # _____ Cell # _____ Relation _____

Please list any personal or family medical history that may be of importance to our records, including allergies and physician prescribed medicine that student is currently taking: _____

PARENTAL/GUARDIAN MEDIA RELEASE FORM

Please initial by the statement that you agree to, and then sign at the bottom. Thank you!

____ **I DO** give permission to Hope & Love 4 Kids to publish work, including but not limited to: drawings, materials, or writings which are produced as a result of my student's participation in the program. This includes individual work by my student, and/or photographs of program activities. Images of my student may also appear on the program's web site.

I understand that any work published on the program's web site is available worldwide to anyone with access to the internet. I also understand that neither the program nor the organization can protect my student's work or photographs against unauthorized use or copyright violations. In addition, I release any claims against Hope & Love 4 Kids, and its board of directors, interns or volunteers for any damages, awards, claims or liabilities that may arise from any unauthorized use or copyright violations of my student's work and/or photographs.

____ **I DO NOT** give permission to Hope & Love 4 Kids to publish work, including but not limited to drawings, materials, or writings, which are produced as result of my student's participation in the these programs.

This permission is valid for the duration of my student's participation in the program, unless sooner revoked by me in writing.

Parent or Legal Guardian Signature Date Student's Name

Activity Release and Indemnity Agreement

Name: _____

Activity: _____

Activity Dates: _____

Releasees: Hope & Love for Kids, Texas State University project coordinators, volunteers, and all people from these entities.

Release: In consideration for facilitating my participation in the activity described above, I release, discharge, and agree not to sue Releasees for any claims, demands, actions, and causes of action arising out of any loss or damage to my property and any injury, including death, that I may sustain whether or not caused by the negligence of the Releasees, while participating in the activity, or while in transportation to and from the activity.

Risks: To the best of my knowledge, I can participate in this activity. I am aware of the risks and hazards connected with the activity, and I elect to participate voluntarily and engage in this activity knowing that the activity may be hazardous to my property and me. I voluntarily assume full responsibility for property loss or damage, and for personal injury, including death, which I may sustain as a result of being engaged in this activity, whether or not caused by negligence of Releasees.

Indemnity: I also agree to indemnify and hold harmless the Releasees from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my participation in this activity whether caused by the negligence of Releasees or otherwise. For example, I specifically agree to indemnify and hold harmless the Releasees from losses they may incur as a result of my injuring another person or damaging another person's property while participating in the activity.

Intent: I intend that this Activity Release and Indemnity Agreement bind not only me, but also the members of my family and my spouse (if any), if I am alive, and my heirs, assigns, and person representatives, if I am not alive. I intend this as a release, discharge, and promise not to sue the Releasees. I further agree that this Activity Release and Indemnity Agreement should be construed in accordance with the laws of the State of Texas.

Free Act: I acknowledge that I have read this Activity Release and Indemnity Agreement. I understand it and sign it voluntarily as my own free act.

Signature of Student Participant

Date

Parent or Legal Guardian's Signature

Date

Full Disclosure Statement

This conference will cover the topics of leadership, self-confidence/body image, academic/career empowerment, healthy relationships/bullying, and cell phone/social media etiquette.

Each student is strongly encouraged to participate in this conference. Throughout the conference we will cover sensitive and potentially controversial topics of discussion. We will approach each subject seriously and responsibly. In any situation that includes discussion and critical thinking, there are bound to be many different viewpoints. Students may not only disagree with each other at times, but the students and facilitators may also find that they have disparate views on sensitive and volatile topics. It is our hope that these differences will enhance the conference experience and create an atmosphere where students and all participants alike will be more encouraged to think and learn.

Therefore, absolutely no instances of personal attacks will be tolerated. This includes any and all racist, sexist, homophobic, ageist (and other derogatory) language and comments. If at any time you feel uncomfortable about anything said or discussed in this conference discuss it with a conference facilitator or staff.

By signing below, you agree to the statement above and agree to participate in the conference.

Signature of Student Participant

Date

Parent or Legal Guardian Signature

Date