



February 24, 2012

Dear Youth Leader,

Young people today have so much to offer as the leaders of tomorrow. With this view and our passion to see young people empowered, the Kurz Family Foundation initiated a collaboration between Creative Response to Conflict (CRC), Me to We, Free the Children and Rockland Community College (RCC).

We are pleased to invite you and your friends to the third Hudson Youth Leadership Academy, or HYLA as we like to say. HYLA will offer leadership skill building workshops in an intense but exciting three - day conference. This is an opportunity for you to share your goals, strengthen your skills and make life-long friends.

This registration package has everything you need to apply to the HYLA Conference. To register, please complete this package and mail it to the address seen below with your registration made payable to: Creative Response to Conflict. The HYLA Conference will be held from Wednesday, June 27th thru Friday, June 29th 2012.

The cost of the conference is based on a sliding scale. We ask that participants pay between \$100 and \$200. If you are able to pay at the higher end of the scale, you will be helping to support participants who are in need of financial aid. A non-refundable deposit of \$30 is expected when you send in the application. The remainder is due Friday, June 15. Snacks and lunch are included, as well as dinner on Wednesday. There will be a BBQ Friday afternoon.

Application deadline with deposit is due Friday June 1: Please make check payable to: Creative Response to Conflict. In the memo line on check, please write HYLA.

Please send the application and deposit to:

Creative Response to Conflict attn: HYLA

521 North Broadway, Box 271

Nyack, New York 10960

(Scholarship monies are available. Please refer to page 5 if you request a scholarship)

The balance is due Friday, June 15.

We look forward to you joining us.

Sincerely,
The HYLA Team



Contact Information

Participant:

Name: _____ Age: _____

Gender (circle): M or F Birth Date (Month/Day/Year): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home ph.: _____ E-mail: _____

Parent or Guardian #1:

Name: _____

Home Address (if different from participant): _____

City: _____ State: _____ Zip Code: _____

Home ph.: _____ Cell ph: _____

Business ph.: _____ Business fax: _____

E-mail: _____ (necessary for possible changes in schedules).

Parent or Guardian #2:

Name: _____

Home Address (if different from participant): _____

City: _____ State: _____ Zip Code: _____

Home ph.: _____ Cell ph: _____

Business ph.: _____ Business Fax: _____

E-mail: _____ (necessary for possible changes in schedules).



Medical History/ Medical Contact Form

Hudson Youth Leadership Academy (HYLA) requires that all participants fill out the medical history and contact form. Please be forthcoming about any conditions or illnesses that could limit your abilities to participate in the program. It is the wish of the HYLA team to accommodate the needs of our participants as best as we can.

This information is strictly confidential and will only be used by HYLA facilitators to serve participants in the event that medical care is needed.

Participant:

Name: _____ Age: _____

Emergency Contacts: (please provide - required)

Name: _____ Relationship to participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home ph.: _____ Cell ph: _____

Name: _____ Relationship to participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home ph.: _____ Cell ph: _____

Do you have any health issues that may impede your participation in any way? (circle one) Yes or No
If yes, please explain. _____

Do you have any non-life-threatening allergies? (circle one) Yes or No
If yes, please explain allergy and history of reactions. _____

Do you have any dietary restrictions? (circle one) Yes or No
If yes, please explain in detail. _____

Medical History/ Medical Contact Form cont.

Do you take medications? (circle one) Yes or No

If so, please list the names and dosages. Please list conditions or illnesses these medications are taken for?

Will you need to take these medications while at the conference?

Do you have any other medical or health concerns that our facilitators and team should know about in case of an emergency?

Please acknowledge that you and your parent/guardian understand the questions asked in the Medical History/Medical Contact form. By signing this form, you and your parent/guardian understand that failure to provide accurate disclosure could, at the teams discretion, result in review to determine your attendance at the conference. Please also update the team if after submitting this form there are any changes regarding health and or medical information.

If information regarding medical history and medications is up to date and correct and if you and your parent/guarian agree to the above terms, please date and sign.

Date

Print name of participant

Signature of participant

Date

Print name of parent or legal guardian

Signature of parent or legal guardian



Waiver

Waiver, Release, Indemnity and Acceptance of Risks

Financial Matters:

We encourage participants to inquire about our financial scholarship program (based on financial need).

The participant and the participant's parent or legal guardian have read, understood and agree to the financial administration of the Hudson Youth Leadership Academy.

1. If you are applying for a financial scholarship, what is the amount you are seeking? \$ _____
2. An application fee of \$30 is due at the time of registration (if you don't receive the total amount of financial aid you requested, the application fee will be returned to you).
3. In order to confirm participation, the participant and/or parent/legal guardian will need to submit the balance by Friday June 15th.
4. The HYLA participant will be responsible for making his/her own travel arrangements to and from the conference.
5. All costs associated with travel to and from the HYLA site is the responsibility of the participant.

Please contact Priscilla Prutzman at 845-353-1796, or pprutzman@crc-global.org if you have more questions.

I have read the section entitled "Financial Matters" above and agree to the terms:

_____ (Initials of participant and/or parent/legal guardian if participant is under the age of 18).

Personal Information:

HYLA facilitators and authorized team members are committed to discretion and will not knowingly distribute personal information to a third party. The information shared on this application and at the conference is private and confidential. Similarly, participants will be expected to keep all information confidential that is shared between other participants, HYLA facilitators and authorized team members.

I have read the section entitled "Personal Information" above and agree to the terms:

_____ (Initials of participant and/or parent/legal guardian if participant is under the age of 18).

Photography Release:

HYLA observes the right to use photography, film/video, and audio created during the conference for (not restricted to): Creative Response to Conflict, Me to We, and Free the Children websites; HYLA promotional materials such as brochures and flyers; television shows; public service announcements; press releases; press kits, publications and promotional films and recordings. If any participant or participant's parent/legal guardian has questions about photography, film/video, and audio usage, please contact HYLA facilitators and authorized team members. Questions about this portion of the release can be addressed by calling: 845-353-1796.

I have read the section entitled "Photography Release" above and agree to the terms:

_____ (Initials of participant and/or parent/legal guardian if participant is under the age of 18).

Waiver cont. Waiver, Release, Indemnity and Acceptance of Risks

Drug and Alcohol Free Waiver:

Use of illegal substances are not allowed during the conference and strict action, at the teams discretion, will result in an immediate review to determine the participant’s attendance at the conference. If a participant is found using or is in possession of drugs and alcohol while attending the conference, HYLAs facilitators and authorized team members reserve the right to report this use and possession to the proper authorities.

I have read the section entitled “Drug and Alcohol Free Waiver” above and agree to the terms:

_____ (Initials of participant and/or parent/legal guardian if participant is under the age of 18).

Liability Waiver:

The participant and or the participant’s parent/legal guardian understand, have fully read and agreed to everything stated in this Waiver, Release, Indemnity Acceptance of Risks. By signing the Waiver, Release, Indemnity and Acceptance of Risks below, the participant and the participants parent/or legal guardian are responsible for all risks associated in participating in this program (including accidents or injury). In signing this Waiver, Release, Indemnity Acceptance of Risk, the participant and/or the participant’s parent/legal guardian release HYLAs facilitators and authorized team members of any liability for any and all claims, demands, damages, costs (including legal), expenses, actions and causes of action. In signing, participant and or the participants’s parent/legal guardian agree that the HYLAs team and RCC can render whatever treatment he/she may deem necessary in an emergency.

I have read the section entitled “Liability Waiver” above and agree to the terms:

_____ (Initials of participant and/or parent/legal guardian if participant is under the age of 18).

By signing below and submitting this Waiver, Release, Indemnity and Acceptance of Risks, the participant and/or the parent/legal guardian of the participant, acknowledge that we have read, understood and agreed to all of the information stated above. We understand that we are giving up rights, including the right to compensation for injury resulting from negligence of the Releases.

Date

Print name of participant

Witness

Signature of participant

If participant is under the age of 18, signature of his/her parent/legal guardian:

Date

Print name of parent or legal guardian

Witness

Signature of parent or legal guardian



Questionnaire:

1. Short Essay: Please tell us in the space provided below why you choose to become a part of the HYLA conference. Please include what you hope to gain from this experience.

2. What are your interests (a short two -three sentence answer)?

3. How did you hear about HYLA?

4. Have you ever heard of or had experience with any of the hosting organizations Creative Response to Conflict, Free the Children or Me to We? If "Yes" explain how.