

# HYLA Application Form 2015

We are pleased to invite you and your friends to the 2015 Hudson Youth Leadership Academy, or HYLAs as we like to say. HYLAs will offer leadership skill building workshops in an intense, but exciting four-day conference. This is an opportunity for you to share your goals, strengthen your skills, and make life-long friends.

Young people like you, 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).

This registration package has everything you need to apply to HYLAs. To register, please complete this package and mail it to the address below. The HYLAs Conference will be held from Monday, June 29 to Friday, July 3 on the main campus of Rockland Community College.

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. (*Scholarship monies are available. Please write a separate letter stating your request.*)

The day and time of the conference is as follows:

**Monday, June 29 • 8 am - 6 pm**

**Tuesday, June 30 • 8 am - 6 pm**

**Wednesday, July 1 • 8 am - 7 pm**

**Thursday, July 2 • 8 am - 7 pm (Talent Show and Barbeque)**

**Friday, July 3 • 8 am - 5 pm**

*Participants should arrive no later than 8 am at the entrance to the Cultural Arts Center.*

*A HYLAs team member will meet participants in the upper level of the Center.*

## **Application deadline with deposit is due Friday, June 12.**

In order for an application to be considered complete, a non-refundable deposit of \$30 is expected at the time of application. **The balance is due Friday, June 19.**

• **Parents/guardians are invited to a Talent Show and Barbeque on Thursday, July 2 at 6 pm.**

*Please make checks payable to: **Creative Response to Conflict***

*In the memo line on the check, please write **HYLAs***

Please send the application and deposit to:

Creative Response to Conflict  
ATTN: HYLAs  
521 North Broadway, Box 271  
Nyack, New York 10960

# PARTICIPANT INFORMATION

Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate (m/d/year) \_\_\_\_\_

Gender

- Male
- Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

# GUARDIAN INFORMATION

## Contact Information (#1)

Name \_\_\_\_\_

Home Address (if different from participant):

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

## Contact Information (#2)

Name \_\_\_\_\_

Home Address (if different from participant):

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Do you have any health issues that may impede your participation in any way?

- Yes
- No

If yes, please explain (Health Issues): \_\_\_\_\_

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Do you have any life-threatening or non-life-threatening allergies?

- Yes
- No

If yes, please explain allergy and history of reactions: \_\_\_\_\_

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Do you have any dietary restrictions?

- Yes
- No

If yes, please explain in detail: \_\_\_\_\_

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Do you take medications?

- Yes
- No

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

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

- Yes
- No

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

- Yes
- No

If so, please list here: \_\_\_\_\_

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## Acknowledgement

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.

*The information regarding medical history and medications is up to date and correct and the participant and the participant's parent/guardian agree to the above terms.*

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**Signature** of Participant

Date

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**Signature** of Parent/Legal Guardian

Date

## WAIVER, RELEASE, INDEMNITY AND ACCEPTANCE OF RISKS

### Financial Matters

We encourage participants to inquire about our scholarship program. Please contact Priscilla Prutzman at 845-353-1796 to discuss further.

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. A non-refundable application fee of \$30 is due at the time of registration.
2. In order to confirm participation, the participant and/or parent/legal guardian will need to submit the balance by Friday June 12.
3. The HYLE participant will be responsible for making his/her own travel arrangements to and from the conference.
4. All costs associated with travel to and from the HYLE site is the responsibility of the participant.

*I have read the "Financial Matters" section above and agree to the terms.*

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**Signature** of Participant or Parent/Legal Guardian, *if participant is under the age of 18*

Date

## 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.

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**Signature** of Participant or Parent/ Legal Guardian, *if participant is under the age of 18*      Date

## 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.

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**Signature** of Participant or Parent/ Legal Guardian, *if participant is under the age of 18*      Date

## 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, HYLA 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.*

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**Signature** of Participant or Parent/ Legal Guardian, *if participant is under the age of 18*      Date

## 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 HYL A 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 participant's parent/legal guardian agree that the HYL A team and RCC can render whatever treatment he/she may deem necessary in an emergency.

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**Signature** of Participant or Parent/ Legal Guardian, *if participant is under the age of 18*      Date

## ACKNOWLEDGEMENT

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.

**Print** name of Participant \_\_\_\_\_

**Signature** of Participant \_\_\_\_\_

**Print** name of Parent/Legal Guardian, *if participant is under the age of 18* \_\_\_\_\_

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**Signature** of Participant or Parent/ Legal Guardian, *if participant is under the age of 18*      Date

