



HYLA Application Form 2019

We are pleased to invite you and your friends to the 2019 Hudson Youth Leadership Academy, or HYL A, as we like to say. HYL A will offer leadership skill building workshops in an intense, and exciting five-day summer camp. You will learn about issues affecting your community and your world and have the opportunity to develop a project to make a positive impact! This is a chance to share your goals, strengthen your skills, and make life-long friends.

Young people like you 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 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 HYL A. To register, please complete this package and mail it to the address below preferably, by June 1st.

The fee for registration is \$30, and scholarships are available upon request. The cost of HYL A is \$200 per camper, however scholarships are available and we want everyone who would like to be there to feel welcome to request a full or partial scholarship. HYL A's goal is to educate and support today's youth with leadership skills that empower them. HYL A is the ideal learning atmosphere for young people, and we encourage everyone to join us for this first-hand experience.

The camp runs from Monday-Friday, June 24-28, from 9:00am-5:00pm. Friday ends at 3pm.

Participants should arrive no later than 9 AM. at the entrance to the Cultural Arts Center. A HYL A team member will meet participants in the upper level of the Center.

Please make checks payable to: Creative Response to Conflict. In the memo line on the check, please write HYL A. Please send the application and deposit to:

Creative Response to Conflict
ATTN: HYL A
145 College Road, Room 4300, Suffern, NY 10901
Phone number 845-574-4225
Fax 914-478-1792
Pay by credit card on our website crc-global.org

PARTICIPANT INFORMATION

Name: _____

Birthdate: ___/___/___ Age: ___ Grade in Fall 2019: ___

Address:

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____

E-Mail: _____

PARENT/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: _____ E-Mail: _____

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

Yes No

If yes, please explain (Health Issues)

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

Yes No

If yes, please explain allergy and history of reactions.

Do you have any dietary restrictions?

Yes No

If yes, please explain in detail below.

Do you take medications?

Yes 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 HYL A?

Yes No

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

If so, please list below.

Yes No

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 team's discretion, result in review to determine your attendance at HYL A. Please also update the team if after submitting this form there are any changes regarding health and or medical information.

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.

Signature of Participant

Date

Signature of Parent/Guardian

Date

WAIVER, RELEASE, INDEMNITY AND ACCEPTANCE OF RISKS

Financial Matters

We encourage participants to inquire about our scholarship program. Please contact Karen Heuer 845-574-4225 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 7.
3. The HYLA 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 HYLA site are the responsibility of the participant.

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

**Signature of participant and/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.

**Signature of participant and/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: 845-574-4225.

**Signature of participant and/or parent/legal guardian,
if participant is under the age of 18**

Date

Drug and Alcohol Free Waiver

Use of illegal substances is not allowed during the conference and strict action, at the team's 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.**

**Signature of participant and/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 HYLA 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 HYLA team and RCC can render whatever treatment he/she may deem necessary in an emergency.

**Signature of participant and/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 or legal guardian, if participant is under the age of 18.

**Signature of parent or legal guardian,
if participant is under the age of 18**

Date

Optional: Please tell us why you are choosing to become a part of HYL A. Please include what you hope to gain from this experience:

How did you hear about HYL A? *

- Family/Friends
- Media
- Brochure/Flyer
- Past HYL A participant
- School
- Creative Response To Conflict's website
- Creative Response To Conflict's Facebook
- Other:

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?

Thank you for signing up for HYL A 2019!