



HYLA Application 2020

We are pleased to invite you and your friends to the 2020 Hudson Youth Leadership Academy (HYLA), an exciting four-day leadership and social justice themed day camp. HYLA provides an opportunity to share your goals, strengthen your skills, and make life-long friends.

Young people like you have so much to offer as change-makers. With this view and our passion to support young people's empowerment, the Kurz Family Foundation initiated this collaboration between Creative Response to Conflict (CRC), WE Charity, and Rockland Community College (RCC).

The cost of the program is based on a sliding scale. We ask that participants pay between \$100 and \$200 which includes a non-refundable deposit of \$30. If you are able to pay at the higher end of the scale, it helps support participants who need financial aid. Scholarships are available; please write and include your request for one in a letter. Contact Karen Heuer at (845) 574-4225 with any questions.

HYLA takes place:

June 29 (9 am-4 pm)

June 30 (9 am-4pm)

July 1 (9 am-4 pm)

July 2 (9 am-4 pm)

Please let us know if you need supervision for your child before or after the program start and end times. Participants should arrive no later than 9 am at the entrance to the RCC Cultural Arts Center. We will meet participants in the upper level of the building.

Application deadline with deposit is due June 15.

To apply to HYLA, please complete this document and include the \$30 deposit. You can pay online at crc-global.org/donate or make a check payable to Creative Response to Conflict with HYLA in the memo. Mail the application and deposit to:

Creative Response to Conflict

Attn: HYLA

145 College Road, Room 4300

Suffern, NY 10901

Checklist

- Complete HYLA application including:
 - All signatures from parent/guardian and participant (including participant info, medical history, emergency contact, all waivers)
 - Responses to the applications questions below
- \$30 Deposit
- Scholarship Letter (if requesting one)

For more information, please be in touch with Karen at kheuer@crc-global.org, (845) 574-4225 or Elizabeth at eroberts@crc-global.org, (347) 277-6619.

HYLA Application 2020

How did you hear about HYL A?

Family/Friends

Brochure/Flyer

CRC's website

CRC or HYL A Facebook

Media

Past HYL A participant

School _____

Other _____

1. Have you ever heard of or had experience with the hosting organizations, Creative Response to Conflict or We Charity?

2. Please tell us why you would like to attend HYL A.

3. What do you hope to gain from the HYL A experience?

4. Do you have any hobbies? How you spend your free time?

5. What, if any, social justice issues do you care most about (e.g. racism, climate change, poverty, feminism, gun violence, LGBTQ rights, immigrant rights etc.)?

6. Do you have access to a cell phone, tablet, or laptop to use during appropriate parts of the HYL A program? If so, which kind of device(s)? _____

7. Do you use social media? If so, which platforms are you on (e.g. Instagram, Snapchat, TikTok etc)?

Participant Information

Name:

Age:

Birthdate: (m/d/year)

Current Grade:

Gender:

Pronouns: (she/he/they etc.)

Address:

City:

State:

Zip Code:

E-Mail:

Home Phone:

Cell phone:

Parent/Guardian Information

Name of Contact (#1):

Address: (if different than participant)

City:

State:

Zip Code:

Home phone:

Cell phone:

Business phone:

Email:

Name of Contact (#2):

Address: (if different than participant)

City:

State:

Zip Code:

Home phone:

Cell phone:

Business phone:

Email:

Medical History/Medical Contact

Do you have any accessibility needs we should know about as we plan our activities? If yes, please explain.

- Yes
- No

Do you have any life-threatening or non-life-threatening allergies? If yes, please explain allergy and history of reactions.

- Yes
- No

Do you have any dietary restrictions? If yes, please explain in detail below.

- Yes
- No

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

- Yes
- No

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

Do you have other medical or health concerns our team should know about in case of an emergency? If so, please list below.

- Yes
- No

Who should we contact in the event of a medical emergency (include their information)?

Name: _____ Relationship: _____ Phone #: _____

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 camp. Please also update the team if there are any changes regarding health and or medical information after submitting this form.

Information regarding *medical history and medications* is up to date and correct, and the participant and their parent/guardian agree to the above terms.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Waiver, Release, Indemnity, and Acceptance of Risks

A. Financial Matters

We encourage participants to inquire about our scholarship program. (See above.) The participant and their parent/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.

Check enclosed

Deposit made online at crc-global.org/donate

2. In order to confirm participation, the participant and/or parent/legal guardian will need to submit the balance by Friday June 15

3. The participant is responsible for making their own travel arrangements to and from HYL A and covering any expenses associated with transportation.

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

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

Date

B. 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 camp is private and confidential. Similarly, participants will be expected to keep all information confidential that is shared between other participants, HYL A facilitators and authorized team members.

Signature of participant and/or parent/legal guardian

Date

Signature of participant

Date

C. Photography Release

HYLA reserves the right to use photography, film/video, and audio created during the camp for (not restricted to): Creative Response to Conflict and We Charity websites; HYL A 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 their parent/legal guardian has questions about photography, film/video, and audio usage, please contact HYL A 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

D. Drug and Alcohol-Free Waiver

Use of illegal substances is not allowed at HYL A and strict action, at the team's discretion, will result in an immediate review to determine the participant's continued attendance at the camp. If a participant is found using or in possession of drugs and/or alcohol while attending HYL A, 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

Signature of participant

Date

E. Liability Waiver

The participant and/or their 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 their parent/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 their 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 their parent/legal guardian agree the HYL A 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

F. 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 we have read, understood, and agreed to all of the information stated above. We understand we are giving up rights, including the right to compensation for injury resulting from negligence.

Print name of participant:

Signature of participant

Print name of parent/legal guardian, if participant is under the age of 18:

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

Thank you for applying to HYL A 2020!