

Young Women's Leadership Corps (YWLC) Summer Institute Registration



Date of Application:	School Participant Attending In Fall 2018:	Grade in Fall 2018		
PARTICIPANT INFORMATION				
Participant's Legal Name:		Nickname:		
Date of Birth:	T-shirt size:	Home Phone:		
Home Address:				
Participant's Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Multi Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Prefer not to answer				
PARENT/GUARDIAN INFORMATION				
Parent/Guardian Name:		Relationship to Participant:		
Email Address:				
Home Address:				
Home Phone:	Cell Phone:			
Work Phone:	Work Schedule:			
2018 YWLC PROGRAM				
<p>YWLC is a free for young women between the ages of 13-18 years, grades 8-12. YWLC is a practical, life-based youth development program which empowers young women to acquire skills in personal growth, financial literacy and career and college readiness. Through these series of workshops, the young women will gain the confidence and knowledge they need to be successful throughout their lives.</p> <p>Below is a sample of the types of workshops that are typically offered during the summer/school year program.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Career Exploration and Job Readiness College Planning Self Esteem Healthy Relationships Safe Sex Decisions Health and Nutrition </td> <td style="width: 50%; vertical-align: top;"> Leadership Development Exercise/ Fitness Professionalism Substance Abuse Financial Education Social Equity/Racial Justice </td> </tr> </table> <p style="text-align: center;"><i><u>Note: Workshops may change without prior notice.</u></i></p> <p>Please sign below acknowledging consent for the Participant to attend these workshops. If there is any workshop you would like the Participant excused from, please circle the topic above.</p>			Career Exploration and Job Readiness College Planning Self Esteem Healthy Relationships Safe Sex Decisions Health and Nutrition	Leadership Development Exercise/ Fitness Professionalism Substance Abuse Financial Education Social Equity/Racial Justice
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Parent/Guardian Signature:		Date:		

For more information, please contact Program Manager Uneeder Ruth at 860-525-1163 x121 or uneederr@ywcahartford.org

EMERGENCY CONTACTS

MUST have at least 2 emergency contacts

Name:	Relationship:
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Home Phone:	Cell:	Work:
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Address:

Name:	Relationship:
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Home Phone:	Cell:	Work:
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Address:

Name:	Relationship:
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Home Phone:	Cell:	Work:
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Address:

PARTICIPANT HEALTH INFORMATION

Does the participant have allergies to:

Food:	Severity and type of reaction	Is emergency medication needed?
Medication:		
Other:		

Does the participant take any medicine regularly?

If so, what:	When:
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Are there any other special health instructions and/or issues we should know about?

Any other pertinent information about the participant's health?

Participant's Physician:	Phone:
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PLEASE NOTE: It is the parent/guardian's responsibility to inform the staff of changes in any of the above information. If there are any changes in the information stated above, the Director of Youth Development must be notified in writing

Participant's Name:

Parent/Guardian Signature:	Date:
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AUTHORIZATION/AGREEMENT

I hereby Release of Liability and Hold Harmless the Young Women’s Christian Association of Hartford Region from any and all liability for damage to or loss of personal property, sickness, injury or legal incidents. I understand that participation in this program is completely voluntary and declare that the participant is in good health and proper condition to participate in this program. By initialing, I agree to the Release of Liability and Hold Harmless **(see page 5 of 7)**

Initial and Date

I understand that the YWCA does not provide medical insurance for the participant in the unlikely event that it is needed. I understand that any necessary medical treatment costs will be the responsibility of the parent/guardian.

Initial and Date

I hereby allow the participant to be videotaped or photographed in projects related to the program. By initialing, I agree to the Authorization of Release of Photography, Recording, and Taping **(see page 6 of 7)**

Agree
Initial and Date

Disagree
Initial and Date

My child has permission to leave the program on her own at the end of each day (see page 5 of 7)

Agree
Initial and Date

Disagree
Initial and sign

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

In the event the participant develops a medical problem which YWCA Hartford Region personnel feel needs the prompt evaluation of a physician, and the staff is unable to contact either myself or those persons whom I have designated as emergency contacts, I authorize the YWCA Hartford Region personnel to contact the participant’s physician and/or arrange for the Participant to be taken to the nearest medical facility and receive necessary treatment.

In the event of a **medical emergency** occurring while the participant is attending the YWCA Hartford Region program, I understand that the following procedure will be followed:

1. The staff, after determining that a medical emergency exists, will call 911. If necessary, appropriately trained YWCA staff will perform CPR and/or other first aid measures until Emergency Medical Technicians (EMT) arrive and the Participant is taken to the nearest hospital appropriate to the emergency situation, as determined by the EMTs.
2. The staff will telephone a parent to inform him or her of the situation and request that the parent immediately meets the participant in the Emergency Room of the hospital designated by the EMT’s. If a parent cannot be reached, staff will attempt to telephone “emergency contacts” that has been provided.
3. Staff will arrange for transportation by ambulance to the Emergency Room designated. A staff member will accompany the participant and stay at the hospital until the parent/guardian arrives.

If the EMTs determine that there is a choice of hospital to which the Participant may be transported, my preference is:

- | | |
|--|---|
| <input type="checkbox"/> Connecticut Children’s Medical Center | <input type="checkbox"/> St. Francis Hospital |
| <input type="checkbox"/> Hartford Hospital | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Manchester Memorial Hospital | Name of Hospital |

Name of Physician: _____

Physician Phone #: _____

I further understand that I will be responsible for any medical and transportation costs incurred.

Participant’s Name:

Parent/Guardian Signature:

Date:

FAMILY AND HOME

YWCA Hartford Region strives to support the participant's well being in all aspects of our program. If there is anything about the participant's physical, emotional, or psychological history that you would like us to know, please describe below.

Please answer all questions completely

Number of people in household:

Does the participant have any siblings?

Name: Age

Name: Age

Name: Age

Primary language spoken in your home:

Does the participant speak English? Yes No Understand English? Yes No

YWCA INTEREST INFORMATION

How did you or the participant hear about the Young Women's Leadership Corps?

Does the participant have a special interest they would like to discuss in our program? Yes No
If so, list:

Has the participant ever attended a YWCA program? Yes No

Has the participant attended Summer Institute before? Yes No What year(s)?

Additional information that will help us care for the participant or that you would like the staff to know about the participant?

PLEASE NOTE: It is the parent/guardian's responsibility to inform the staff of changes in any of the above information.

Parent/Guardian Signature: Date:

The following information will help the YWCA secure the funding that allows Young Women's Leadership Corps to continue. Thank you for your cooperation!

Household Income: Please check whichever applies to you.
_____ Below \$15,000 _____ \$15,000-\$29,000 _____ \$30,000-\$44,999 _____ \$49,000-\$59,000
_____ \$60,000-\$74,999 _____ \$75,000-\$99,000 _____ \$100,000-\$149,000 _____ \$150,000+



YWCA Hartford Region, Inc.
135 Broad Street
Hartford, CT 06105
(860) 525-1163 x108
Fax (860) 947-4500
www.ywcahartford.org

Release of Liability and Hold Harmless

I, the minor's parent and/or legal guardian, in consideration of and as a condition to the minor's participation in the Young Women's Leadership Corps Program (the "Program"), hereby release and hold harmless the Young Women's Christian Association Hartford Region, Inc. (the "YWCA"), its Board of Directors, officers, employees, licensees and agents (collectively, the "YWCA Parties"), and any other person officially connected with this Program ("Program Personnel"), from any and all liability for damage to or loss of personal property, sickness, or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur or arise while participating in this Program in any respect. In addition, I knowingly and voluntarily release the YWCA Parties and any Program Personnel from any liability or responsibility for the minor's physical condition.

I am aware of the risks of participation, which may include, but not be limited to, injury, permanent disability, paralysis, and/or death. I hereby state that the minor is in good health, and in proper physical condition to participate in this program. I understand that participation in this Program is strictly voluntary, and I freely chose to have the minor participate. I understand that the YWCA does not provide medical coverage for the minor. I verify that I will be responsible for any medical or any other costs or expenses that may be incurred as a result of the minor's participation in the Program.

I am aware that allowing my child to leave the program on her own at the end of each program day releases the YWCA from all responsibility. If I am going to pick my child up, I am aware that I must do so by 3:30 p.m. In the event my child is not picked up by 4:00 p.m., the YWCA is released from all responsibility. I am also aware that the police and the Department of Children and Families may be called if my child is not picked up in a *reasonable amount of time without proper notification.

***Note: Reasonable amount of time in this case is considered equal to 1 or more hours without notification.**

I fully understand the nature and meaning of this Release of Liability and Hold Harmless and have signed this with informed consent and knowledge.



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Parental Permission and Authorization

Authorization and Release for Photography, Recording, and Taping

I hereby authorize and consent that the YWCA Hartford Region Inc, their legal representatives, successors, or assigns, shall have the absolute right to copyright, publish, use, sell or assign all photographic portraits or pictures, television spots, movie films, videotapes and/or sound recordings, or any part thereof, they have taken or made of me (or my child) from this date forward until such consent is withdrawn in writing or in which I (or my child) may be included in whole or in part, whether apart from or in connection with, illustrative or written printed matter, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my own or a fictitious name, or in reproductions thereof in color or otherwise.

I hereby waive all claims for any compensation for such use or for damages.

I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age (or the legal guardian of a minor) and have every right to contract in the above regard. I state further that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.



Hartford Region

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4500www.ywcahartford.org

Student Application for YWLC Summer Institute

This portion of the application must be **completed by the student** applying to participate in the Young Women’s Leadership Corps Summer Institute. Additionally you must also submit a creative leadership collage as described below. ***Applications that do not include the student portion of the application will not be considered for YWLC Summer Institute.*** The YWLC Summer Institute is a highly selective leadership program that allows 30 young women the opportunity to explore leadership, community service, entrepreneurship, personal growth, college readiness, financial literacy, and exposure to corporate America with our partnership with Aetna Inc.

If you have any questions, please contact Uneeder Ruth, Program Manager at uneederr@ywcahartford.org

Instructions: Please type your brief (approx. 100 words per question) essay responses to the questions below and submit on a separate sheet.

Name _____

1. What does it mean to be a leader?
2. What does being a leader of character mean to you?
3. Think of someone you admire, a role model. What qualities do you admire about this person? How can you develop these qualities?
4. Tell us about your vision of the person you want to become.
5. Do you believe racism still exists in America in 2018? Why or Why not?
6. Create a leadership collage. Using pictures and words describe yourself as a leader. Be creative, but limit your collage to one letter size (8.5”x11”) piece of paper. There are no wrong answers to this particular question, so please let your creativity flow!