

JUNE 7, 2019



Rising Youth LATINO BOYS CONFERENCE

fun | games | food | mentorship
ages 9-12

MEET A MENTOR | BECOME A MENTOR

Martin de Porres Center
2330 Airport Drive, Columbus
\$10 Registration



**Dominican
Sisters of Peace**
Sisters and Associates
in Mission



**Catholic Health
Initiatives**
Imagine better health.™



**FRANKLIN COUNTY
SHERIFF'S OFFICE**

Rising Youth Latino Boys Conf. | 2019 Registration Form

YOUR STUDENT'S APPLICATION WILL NOT BE PROCESSED UNTIL THIS FORM IS COMPLETE. A staff member will call to request missing information within 72 hours of receiving your application. Your camper's space is not confirmed until we receive the missing information.

Email to Lisset Mendoza
LMendoza@oppeace.org
 614-800-8483

Student Information

Name (first, last)	Birthdate	Students cell phone number:	
Street Address (Apt #)	City	State	Zip Code
T-shirt Size (circle one)			
S M L XL XXL XXXL	School attending:		Grade:
Mother's Name	Cell Phone ()	Email	
Father's Name	Cell Phone ()	Email	
Emergency Contact Name (first, last)	Relationship	Cell Phone ()	

Medical History/Information

Policy Holder	Insurance Company	
Policy #	Group #	Date of Last Tetanus Shot
Does your son suffer from any medical, physical, emotional or behavioral conditions which might affect her safety while at our stay? (i.e. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.). <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:		
Is your student currently undergoing any form of medical or psychological treatment, including medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will the student be bringing <u>any</u> prescription or non-prescription medication to camp, including an inhaler or epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please fill out the additional form attached listing medications and dosing schedule. This <u>must</u> be turned in at Registration or mailed/emailed in advance.		
Is your student allergic to any food, any medication, or insect stings? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please specify:		
List any serious injuries or surgeries in the last 2 years:		

OFFICE USE ONLY

<input type="checkbox"/> Complete
<input type="checkbox"/> Accepted
\$20 Application Fee

1. Student's Declaration Printed Name: _____

I agree to fully cooperate with the staff, rules, and program established for the conference so as to not discredit my parents or myself.

Student's Signature: _____ Date: _____ / _____ / _____

2. Parental Release

I agree that my above named son may attend Rising Youth Latino Boys Conference at Martin de Porres. I give permission for my participant to take part in all of the activities described below. I acknowledge the need for responsible behavior and ability for my child to make sound decisions during conference, and follow all directions/rules. The program may include team sports/ activities, cardio, field games, and mingling with other individuals etc. Specific activities may be excluded or added – contact the Director at LMendoza@oppeace.org or at 614-800-8483 with any questions or concerns.

I give permission for staff to give my son the following (circle yes or no):

Acetaminophen – Tylenol or Generic:	YES	NO	Aspirin:	YES	NO
Ibuprofen – Advil or Generic:	YES	NO	Antihistamine – Benadryl or Generic:	YES	NO
Cough Suppressant – Robitussin or Generic:	YES	NO	Decongestant – Sudafed or Generic:	YES	NO
Hydrocortisone Ointment:	YES	NO	Antibiotic Ointment:	YES	NO
Antacid – TUMS, Mylanta, Maalox, or Generic:	YES	NO			

_____ I understand that I am responsible for my child's actions and will be held financially responsible for any damage by my child and will pay for any and all repairs incurred by such damage. I give permission for media shots of my child to be used for Conference informational and promotional purposes. I give consent for my child to ride in a charter bus or vehicle used for student transport. I will contact the Administrator directly to cancel participation prior to May 1, 2019.

Declarations (initial next to the declaration and then print your name and sign and date)

_____ In the event of an accident or an illness during this event that needs immediate treatment, I agree to my son receiving first aid and medical treatment from a including life-saving treatments, as may be considered necessary by a licenses medical provider.

_____ I also authorize the transportation of my child, by ambulance if necessary, to the nearest available medical facility.

_____ I understand the extent and limitation of the insurance coverage as provided by the organization sponsoring the event and that my medical insurance is primary, unless otherwise specified.

_____ I will inform the leaders of the event as soon as possible if there is any change in medical circumstances regarding my child between the date signed below and the start of this event.

Date: _____ / _____ / _____

Parent's Signature: _____

Name Printed: _____



Rising Youth Latino Boys Conference - Medication Dosage Form

Student's Name:						
Parent's Name:						
Parent's Contact/Number:						
Room Number:					OFFICE USE ONLY	
Team Leader:					OFFICE USE ONLY	

Medication	Purpose	Notes	Breakfast	Lunch	Dinner	Bedtime	Other Times
CIRCLE THE DAY OF THE WEEK & WRITE THE DOSAGE FOR THAT TIME.							
Example: Epinephrine – EpiPen 2pak	Severe allergy to Peanuts	Remove cap and stab into upper thigh as soon as reaction begins.	TH	TH	TH	TH	Use only when necessary/at the time of a reaction.
			F	F	F	F	
			TH	TH	TH	TH	
			F	F	F	F	
			TH	TH	TH	TH	
			F	F	F	F	
			TH	TH	TH	TH	
			F	F	F	F	

Parent Information: Students will need to be dropped off at Martin de Porres Center (2330 Airport Dr. Columbus OH 43219) at 9:00AM on Friday June 7th, 2019. Your student will then meet with their team leader. All students will need to be picked up on Friday June 7th at 4:30 PM at the Martin de Porres Center. If you have any question please call Lisset Mendoza 614-800-8483.

Modesty Policy: Clothing is to be modest, dignified, and appropriately suited to conference activities... Shirts are to be worn by men at all times. Articles of clothing that display profanity, products, or slogans that promote alcohol, drugs, sexuality, or indecency are not permitted.