

**JUNE 6-7, 2019**



# **Rising Youth Presents**

## **LEADERSHIP SUMMIT FOR YOUNG LATINO MEN**

**mentorship | leadership | guidance**  
**ages 13-18**

**MEET A MENTOR | BECOME A MENTOR**

**Martin de Porres Center & ODU**  
**2330 Airport Drive, Columbus**  
**\$20 Registration**



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



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



**FRANKLIN COUNTY SHERIFF'S OFFICE**

Complete Accepted

\$20 Application Fee

## Rising Youth Leadership Summit | 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](mailto:LMendoza@oppeace.org)  
 614-800-8483

### Student Information

Name (first, last) Birthdate Students cell phone:

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 overnight stay? (i.e. claustrophobia, vertigo, asthma, heart condition, diabetes, epilepsy, etc.). No  If yes, please specify:

Is your student currently undergoing any form of medical or psychological treatment, including medication?  Yes  No

Will the student be bringing any prescription or non-prescription medication to camp, including an inhaler or epipen?  Yes  No  
 If Yes, please fill out the additional form attached listing medications and dosing schedule. This must be turned in at Registration or mailed/emailed in advance.

Is your student allergic to any food, any medication, or insect stings?  No  Yes If Yes, please specify:

List any serious injuries or surgeries in the last 2 years:

|                                   |
|-----------------------------------|
| <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 Latino Males Leadership Summit 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 leadership summit at Martin de Porres with overnight stay at Ohio Dominican University. 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](mailto: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 daughter/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: \_\_\_\_\_

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

## Parent Information:

Students will need to be dropped off at Martin de Porres Center (2330 Airport Dr. Columbus OH 43219) at 2:00PM on Thursday June 6<sup>th</sup>, 2019. Your student will then meet with their team leader and walk to their dorm room at Ohio Dominican University. All students will need to be picked up on Friday June 7<sup>th</sup> at 4:30 PM at the Martin de Porres Center. If you have any question please call Lisset Mendoza 614-800-8483.

## Packing List:

PLEASE BE SURE ALL ARTICLES ARE MARKED WITH YOUR CHILDS NAME

- **Items provided:**
  - A twin sized bed with mattress (bunks) will be **provided**.
  - Full bedding will be **provided** an extra warm blanket is optional.
  - Dorms do have A/C and heat.
  -
- **Items to bring:**
  - Pillow
  - 1 white t-shirt
  - Casual, comfortable, clothes (shorts, t-shirts, jeans etc. )
  - Shoes- Closed-toed footwear is highly recommended.
  - 1 sweatshirt
  - Appropriate sleepwear (PJ'S)
  - Personal hygiene items: soap, toothpaste, toothbrush, shampoo, conditioner, deodorant, etc
  - Bath towel and washcloth: There are showers and restrooms located in each cabin
  - Water bottle
  - Medications: With the exception of asthma inhalers and EpiPens, no minor (under age 18) may possess any drugs (prescription or nonprescription) on their person or in their baggage at any time

**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.



## Rising Youth leadership summit- 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:<br>Epinephrine –<br>EpiPen 2pak                     | Severe allergy to<br>Peanuts | Remove cap and stab<br>into upper thigh as<br>soon as reaction<br>begins. | TH        | TH    | TH     | TH      | Use only when<br>necessary/at the<br>time of a<br>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       |   |
|  |                              |   |           |       |        |         |   |