



## INSPIRE GIRLS2RISE L.E.A.P. SUMMER PROGRAM

### INSTRUCTIONS

Attached are Medical, Participate Waiver/Release, and Code of Conduct Forms which must be signed and returned once you register for the Inspire Girls2Rise L.E.A.P. Summer Program via <http://free2riseleapcamp.eventbrite.com>.

1. Print or save all attached forms to your computer
2. Read all forms
3. Sign printed forms and fax, or scan to send via email, or mail to Free2Rise Educational Foundation's P.O. Box reflected below.
4. If you have the capability to electronically sign forms that you have saved to your computer, sign and email the signed forms.

Please print and forward your completed forms to our Free2Rise Educational Foundation office to the attention of Kisha L. Webster by using the following email, fax, or mailing address.

Email: [Kisha@free2rise.org](mailto:Kisha@free2rise.org)

Fax: 301-681-7357

Mail: Kisha L. Webster, Free2Rise Educational Foundation, Inc., P.O. Box 7293, Silver Spring, MD 20907

### ITEMS TO BRING

- \*Bedding (see below)
- Bath/Wash Towels
- Daily outfits & under clothing for 5 days
- Dress-up outfit for Closing Program on Saturday, June 25

P.O. Box 7293  
Silver Spring, MD 20907  
P: 800.652.7347  
F: 301.681.7357  
[www.free2rise.org](http://www.free2rise.org)

- Bathrobe
- Sneakers (preferably old sneakers)
- Flip-Flops (for showers)
- Pajamas
- Toiletries (liquid soap, toothbrush, toothpaste, deodorant, lotion,) + bag or carry-all
- Sunglasses
- Sun Screen
- Insect Repellent (non-spray)
- Water Bottle
- Special Snacks
- Any other items and/or medication you use daily.
- ***No more than \$50.00 in spending money***

#### **\*Bedding**

L.E.A.P. participants are required to bring the following bedding with them: pillow with case, twin sheets, and blanket.

#### **TRANSPORTATION**

**Parents will be responsible for delivering their youth to the Delaware State University campus and picking them up at the following times:**

**Car arrival:** 2:00 p.m. - 4:00 p.m. Sunday, June 19th

**Car departure:** 2:00 p.m. Saturday, June 25<sup>th</sup>

***Families are asked to be present for the closing program at 12:00 pm on Sunday, June 25, 2016***

***All updates will be sent to you via the email or phone that you provide during registration on the Eventbrite link.***



## MEDICAL INFORMATION

**Student Name (Print):** \_\_\_\_\_

List allergies or intolerance to food, medication, or any other substance: \_\_\_\_\_

\_\_\_\_\_

If an allergic reaction occurs, please list steps to relieve reaction: \_\_\_\_\_

\_\_\_\_\_

List any chronic physical problems, pertinent developmental information, and any special accommodations needed:

\_\_\_\_\_

Does your child take medications or vitamins on doctor's orders?

\_\_\_\_\_

**Please list medications or vitamins** \_\_\_\_\_

\_\_\_\_\_

**Please specify:** If the staff is to administer medications during the day, emergency or routine, please complete a **MEDICATION AUTHORIZATION FORM**.

**Child's Physician Name:** \_\_\_\_\_

**Physician's Phone #** \_\_\_\_\_

**Physician's Office Name:** \_\_\_\_\_

**Emergency Medical Authorization:** I give the staff and volunteers of Free2Rise Educational Foundation permission for my child to be given cardiopulmonary resuscitation

(CPR) and first aid treatment by a certified staff member of Free2Rise Educational Foundation.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I authorize the staff and volunteers of Free2Rise Educational Foundation to obtain immediate medical care and give consent to the hospitalization and performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child or ward if an emergency occurs when I cannot be located immediately.

It is also understood that this agreement may only cover those situations which are true emergencies and only when I cannot be reached. I understand that the provider will take every effort to contact me and/or my designated emergency contacts. I/we will be responsible for payment of medical expenses.

**Medical treatment costs are covered by: Medical Insurance Provider:**

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**Policy #:** \_\_\_\_\_ **Group #** \_\_\_\_\_

**Parental Agreements:**

1) Free2Rise Educational Foundation and the National Congress of Black Women agree to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the Free2Rise Educational Foundation staff.

2) My child has permission to be transported by vehicles owned/rented by Free2Rise Educational Foundation and the National Congress of Black Women.

**Cancellation Policy:** If fees have been paid out but cancellation is made less than two weeks before the start of the camp session the balance will be returned less 25% of fee.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the Parental Agreements, and cancellation policy outlined above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## PARTICIPANT WAIVER/RELEASE

In consideration of Free2Rise Educational Foundation and the National Congress of Black Women allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the Free2Rise Educational Foundation and/or sponsored by Free2Rise Educational Foundation and the National Congress of Black Women, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Free2Rise Educational Foundation, the National Congress of Black Women, and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of our attendance and/or participation in any such programs, events, classes, or from any other cause. My agreement to release Free2Rise Educational Foundation and the National Congress of Black Women does not include any loss, damage or injury that results from Free2Rise Educational Foundation's and the National Congress of Black Women's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of me and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of me and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness. I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the Free2Rise Educational Foundation, the National Congress of Black Women, and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of me, and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness in any such materials.

## INDEMNIFICATION

I hereby represent and warrant to the Free2Rise Educational Foundation and the National Congress of Black Women that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against Free2Rise Educational Foundation and the National Congress of Black Women arising out of me or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend Free2Rise Educational Foundation and the National Congress of Black Women from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of Free2Rise Educational Foundation and the National Congress of Black Women from some other cause.

## ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver/Release Form.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## CODE OF CONDUCT

Our Code of Conduct is part of the FREE2Rise Educational Foundation, InspireGirls2Rise registration packet and must be signed by both the participant and parent/guardian. Please review our policy below and be sure to sign and date this page when filling out your required forms.

I, the undersigned participant and parent/legal guardian have read the basic rules for participation at the Free2Rise Educational Foundation Inspire Girls2Rise L.E.A.P. Summer Program outlined below and agree to abide by the rules.

### Participant will:

- Participate fully in the program
- Be responsible for her own behavior and uphold standards for her peers
- Follow all scheduled times, including curfew and wake-up.

### Participants will not:

- Leave the University premises without staff supervision and Director permission
- Disobey directives from program staff or university policies, rules and regulations.
- Be disrespectful or direct profanity, vulgar language, or obscene gestures towards other participants or staff, or wear offensively worded or graphic clothing
- Play with matches, fire, or commit arson
- Partake in the theft or the unauthorized removal of university property, staff property or participant property
- Fight, provoke fighting or commit physical abuse to others or themselves
- Commit extortion, coercion or blackmail that force an individual to act through the use of force or threat of force
- Make derogatory statements that may substantially disrupt the program or insight violence.

- Engage in sexual harassment: any unwelcome sexual advance or conduct, including lewd remarks, touches, or request for sexual favors that have the effect of intimidating individuals or disrupting the university environment will not be tolerated
- Sell, give, deliver, possess, use or be under the influence of drugs, alcohol or tobacco products. This includes the misuse of prescription and over the counter medications.
- Haze other participants
- Possess a weapon or dangerous instrument to be used as a weapon
- Violate local, state or federal laws
- Intentionally damage University facilities including graffiti; you will be billed for damages.

Failure to comply with these rules may result in but not be limited to a “time-out” from an activity, removal from a program area, or expulsion from the program.

**I also understand there are NO REFUNDS FOR EARLY DISMISSAL DUE TO HOMESICKNESS, MISCONDUCT OR MEDICAL REASONS.**

**Participant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_