



## **Youth Empowerment Summit Application Packet**

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**Application**

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**Youth Empowerment Summit  
2015 Youth Application**

**Print Blue or Black ink Applications will be accepted**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Email or text number:** \_\_\_\_\_

**T-Shirt Size:** S M L XL XXL

**Communication Methods: Please check one**

**American Sign Language (ASL)** \_\_\_\_ **Pidgin Sign English (PSE)** \_\_\_\_ **Signed Exact English (SEE)** \_\_\_\_  
**Oral** \_\_\_\_ **Total Communication** \_\_\_\_ **Other** \_\_\_\_\_

**Previous High School:** \_\_\_\_\_ **HS Gradation Date:** \_\_\_\_\_

**Class of Year:** \_\_\_\_\_

\*\*\*\*\*

**Name of Parent:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Text number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## Participant's Medical Record Confidential

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Plan or Group Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Insured I.D # or Member #: \_\_\_\_\_

\* You may copy both sides of your insurance card and attach it if it includes all of the above information.

Physician: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Emergency Family Member Phone: \_\_\_\_\_

\*\*\*\*\*

Your current medical condition: \_\_\_\_\_

\_\_\_\_\_

Are you taking any prescriptions Yes \_\_\_\_ No \_\_\_\_

If yes, name of medications you are taking: \_\_\_\_\_

\_\_\_\_\_

Any restriction diets or allergies (describe): \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Have you ever been told you had one of the following?

Lung disorder            yes    no

High blood pressure    yes    no

Heart trouble            yes    no

Nervous disorder        yes    no

Disease of the kidney    yes    no

Diabetes                  yes    no

Arthritis                  yes    no

Abdominal disorder      yes    no

Disease or disorder of the digestive tract    yes    no

Any life-threatening conditions? (describe) \_\_\_\_\_

\_\_\_\_\_

### **Authorization for Emergency Medical Treatment**

I have listed above my or my child's physical conditions or medical problems that may need attention and all medications regularly used by myself or said minor. I understand failure to disclose medical information/condition may result in dismissal from Youth Empowerment Summit. In case of the illness of my child, Youth Empowerment Summit will try to notify whoever is listed as the emergency contact person. In the event there arises a medical emergency concerning myself or my child, at a time where the emergency contact cannot be notified, I authorize Youth Empowerment Summit to consent to any necessary X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care. I hereby consent and give my permission to the Youth Empowerment Summit staff or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon my child that may, in their sole discretion, be necessary and proper under the circumstances.

### **General Release and Waiver of Liability**

**I DO RELEASE, ACQUIT, DISCHARGE, AND COVENANT TO HOLD HARMLESS YOUTH EMPOWERMENT SUMMIT STAFF, PERSONNEL, OR ANY OF ITS REPRESENTATIVES FROM ANY ACTIONS, DAMAGES, OR LIABILITIES ARISING OUT OF ANY INJURIES OR PROPERTY DAMAGE SUSTAINED DURING THE PARTICIPATION IN THE CAMP AND/OR RESULTING FROM THE TREATMENT OF ANY ILLNESS, SICKNESS, OR ACCIDENT, INCURRED BY MYSELF OR MY CHILD DURING HIS/HER STAY AT YOUTH EMPOWERMENT SUMMIT.**

In consideration for being permitted to attend Youth Empowerment Summit and participate in the activities conducted by the Camp, I, on behalf of myself, my child, my legal representatives, heirs and assigns, do hereby release, waive, and forever discharge Youth Empowerment Summit and its officers, employees, volunteers, and agents, of and from any and all loss, damage, claim, demand, action or right of action, of whatever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of my or my child's participation in the camp activities or any activities in connection with the Youth Empowerment Summit, whether by negligence or not.

I, personally, and on behalf of my child (if child is the camp participant), hereby give Youth Empowerment Summit permission to use my and/or my child's name, photograph, quotations and likeness in any advertisements or promotions performed in connection with the camp and agree that neither I nor my child shall be entitled to any compensation for such use.

I agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive, and that if any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Signature of Parent/Guardian: \_\_\_\_\_

Please print name of signer: \_\_\_\_\_

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

## **Parental Consent Form**

Please Print Clearly

I, \_\_\_\_\_, give my consent for \_\_\_\_\_

to the 2015 Youth Empowerment Summit (Y.E.S!) with the understanding that he or she will be supervised by responsible Peer Advisors trained by the directors. I understand that I will pay \$600 in addition to \$50 application fee and I understand that Y.E.S! Program cannot be financially responsible for travel arrangements.

Signature: \_\_\_\_\_

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

The deadline for the final payment of \$650 is June 8, 2015. (Payment date might change depends on the participant or the program).

Please send certified check or money order to National Black Deaf Advocates (NBDA) and submit with this form to:

National Black Deaf Advocates, Inc.

Attn: 2015 Y.E.S! Program

P.O. Box 32

Frankfort, KY 4060

## 2015 NBDA Conference: Youth Empowerment Summit (Y.E.S!)

### **The Code of Conduct**

The purpose of the Youth Empowerment Summit (Y.E.S!) Code of Conduct is to help all participants to ensure and to inform them that they are expected to behave properly and responsibly during the Y.E.S! Summit from August 3<sup>rd</sup>, 2015 to August 9<sup>th</sup>, 2015. All participants are required to read, understand, and follow conduct of code while they participate in Y.E.S.! sponsored activities at the Hyatt Regency Louisville and in Louisville, KY. The following rules are designed to ensure a successful experience for all participants. A participant will be removed immediately from the Y.E.S.! Program if participant poses a danger to himself/herself or to others, or will be given a warning.

Participants of the Y.E.S.! Programs are subject to Louisville, Kentucky and federal laws and may be accountable to the city of Louisville and federal justice for any violations of such laws. Participants who are deemed dangerous to themselves or to others may be removed immediately from the premises for the period allowed by law.

Participants of the Y.E.S.! Program who violates any of the following offenses will be expelled from the Y.E.S.! Program immediately:

- \*Any sale, distribution, or exchange of illegal or prescription drugs or alcohol on at any sponsored activities in Louisville, KY.
- \*Arson – intentionally setting fire to University / Hyatt Regency Louisville or any other properties,
- \*Causing a false fire alarm or making bomb threats.
- \*Destruction or theft of University / Hyatt Regency Louisville or any properties.
- \*Physical assault or threat with intent to do harm including: actual or threatened physical injury, forcible or unlawful control over the freedom of movement of any person, and/or any other conduct that threatens or endangers the health and safety of any person on campus or sponsored activities.
- \*Possession or manufacture of explosive devices or dangerous chemicals.
- \*Any sexual misconduct including:
  - Sexual acts or penetration by an object, by use of force, placing the victim in fear or harm.
  - Sexual acts or contacts with a person who is unable to appraise the act, or cannot communicate his or her wishes.

\*Any violation of fire regulations.

\*Use, possession, sale, distribution, or exchange of firearms or other dangerous weapons.

\*Forced entry into any rooms or properties at University/ Hyatt Regency Louisville.

\*Obstruction of any activities.

Participants who violate these following rules will be given a warning; however, if one continues to abuse these rules, he or she may be expelled due to failure to cooperate inconsistently:

\*Lack of respect for Y.E.S.! Staff, participants, and/or Y.E.S.!/NBDA Administration.

\*Excessive horse playing that could cause harm to others.

\*Disruptive behaviors including:

-acting rude or disrespectfully

-refusing to cooperate with Y.E.S.! Staff or Y.E.S.!/NBDA Administration

-behaving inappropriately at any Y.E.S.! sponsored activities

-teasing, insulting, or spreading harmful gossip about others

\*Inappropriate languages or gestures.

\*Unauthorized permission without Y.E.S.! Staffs.

I have read the Code of Conduct and will comply by these rules. I understand these rules. If I have any questions or concerns, I will contact Y.E.S.! Directors, Peer Advisor Leader and Peer Advisors. I understand these rules that have been created to provide for a safe, orderly, and rewarding experience for the NATIONAL BLACK DEAF ADVOCATES and YOUTH EMPOWERMENT SUMMIT.

X \_\_\_\_\_

YES 2015 Participant

\_\_\_\_\_

Date

X \_\_\_\_\_

YES 2015 Participant's parent

\_\_\_\_\_

Date

## **Travel Transportation Services & Airlines**

- ❖ JetBlue Airways: [www.jetblue.com](http://www.jetblue.com) or 718-286-7900
- ❖ Southwest Airlines: [www.southwest.com](http://www.southwest.com) or 800-IFLY-SWA (1-800-435-9792)
- ❖ United Airlines: [www.united.com](http://www.united.com) or 1-800-864-8331
- ❖ American Airlines: [www.aa.com](http://www.aa.com) or 1-800-433-7300
- ❖ Delta: [www.delta.com](http://www.delta.com) or 1-800-221-1212
- ❖ US Airways: [www.usairways.com](http://www.usairways.com) or 1-800-928-4322
- ❖ Amtrak: [www.amtrak.com](http://www.amtrak.com) or 727-540-0034
- ❖ Greyhound Bus: [www.greyhound.com](http://www.greyhound.com) at Union Terminal in Central
- ❖ Megabus: [www.megabus.com](http://www.megabus.com) or 1-877-462-6354

Be aware some airlines charge 1st/or 2nd luggage (Carry-on baggage might charge) Travel Transportation



## **Tentative Summer Schedule/Agenda**

### **Monday August 3<sup>rd</sup>**

- Y.E.S! Participants Check In/Arrival at University before noon
- Y.E.S! Welcome Reception.
- Y.E.S! Educational Workshops & Activities

### **Tuesday August 4<sup>th</sup>**

- Y.E.S! Educational Workshops & Activities
- Group Rehearsal for Welcome Ceremony
- Group Interaction with NBDA Officers, Representatives, and Board Members

### **Wednesday August 5<sup>th</sup>**

- Y.E.S.! Performance at Welcome Ceremony of the NBDA Conference
- Y.E.S! Educational Workshops & Activities
- Y.E.S! students will have lunch with Miss Black Deaf America
- Educational Activity - Black Deaf History
- Family Fun/Game Night at Hyatt Regency Louisville

### **Thursday August 6<sup>th</sup>**

- Y.E.S! Educational Workshops & Activities
- Field Trip
- Entertainment Night at Hyatt Regency Louisville

### **Friday August 7<sup>th</sup>**

- Y.E.S! Educational Workshops & Activities
- Exhibit Hall at Sheraton New Orleans Hotel
- Fellowship with Black Deaf and Hard of Hearing College Students
- Miss Black Deaf America Pageant at Hyatt Regency Louisville

### **Saturday August 8<sup>th</sup>**

- NBDA General Meeting & Election
- NBDA Conference Banquet & Awards
- Y.E.S! Group Performance at NBDA Conference Banquet & Awards at Hyatt Regency Louisville

### **Sunday, August 9<sup>th</sup>**

- Check out

**\*\*Schedule is subject to change\*\***

**Youth Empowerment Summit Fees**  
**August 3<sup>rd</sup> - August 9<sup>th</sup>, 2015**  
**No refunds after June 31, 2015**

**Tentative overall costs:**

<b>Application</b>	<b>\$50</b>
<b>Registration</b> (Open Ceremony, NBDA Workshops, Entertainment, Pageant & Banquet)	<b>\$130</b>
<b>YES Leadership Program Activates</b> (Field Trips, T-Shirt, Educational Activates, & YES Designated Workshops)	<b>\$120</b>
<b>Dorm, Meal, &amp; Ground Transportation</b>	<b>\$350</b>
<b>Total cost:</b>	<b>\$650</b>

**Note:** Cost does not include transportation to Louisville, KY. Participants are responsible for airline, train, or bus expenses to Louisville.

Please mark check that will cover your YES cost (\$650) below:

- School (Name of Contact & Email or Phone \_\_\_\_\_)
- Parents (Name of Contact & Email or Phone \_\_\_\_\_)
- Sponsor (Name of Contact & Email or Phone \_\_\_\_\_)
- Other (Name of Contact & Email or Phone \_\_\_\_\_)

**Acceptable forms of payment:** Cashier's check or money order. Online payment is not available. For purchase order, please contact [youth@nbda.org](mailto:youth@nbda.org).

**Mail the payment and application (2,3,4,5,6,7 & 10) no later than June 8, 2014 to:**

2015 YES Application  
National Black Deaf Advocate, Inc.  
PO Box 32  
Frankfort, KY 40602

**Questions:**

For questions or status of your application, email [youth@nbda.org](mailto:youth@nbda.org)