



INLAND EMPIRE FUTURE LEADERS PROGRAM

◆ Latino Student Leadership Conference ◆

2020 Student Application Form

(Please mail the application packet in one envelope.)

INTERACTIVE PDF:
Download, then open with
ADOBE ACROBAT, fill out, edit,
save, sign, print out, email, or
upload.

If you have previously attended an Inland Empire Future Leaders conference, you are not eligible to participate this year.

(Note: You can download a PDF Form version of this page from our website: www.iefll.org. Save it, fill it out, and print it using your computer.)

PART 1: PERSONAL DATA (Please type or print)

Name:		Birthdate:		Age:		Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
Street Address:						Self-identity: _____	
City:		State:		ZIP:		Spanish speaker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOTE: We cannot use a school-issued Email address to contact you. Please provide a personal Email address.				Student Email:			
Parent 1 Name:		Parent 1 Email:			Parent 1 Cell:		
Parent 2 Name:		Parent 2 Email:			Parent 2 Cell:		
Emergency Contact Name:			Relationship to Student:			Emergency Phone:	
Current School:				Current Grade: <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th		Approx. GPA:	
What school will you attend in the fall of 2020?					In what city?		

PART 2: ACTIVITIES *Tell us about class offices, clubs, organizations, organized sports, or hobbies in which you have been active. You may also include work experience and activities outside of school.*

ACTIVITIES IN SCHOOL	YEARS INVOLVED	GRADE LEVEL(S)
ACTIVITIES OUTSIDE OF SCHOOL	YEARS INVOLVED	GRADE LEVEL(S)

How did you learn of the Inland Empire Future Leaders Program?	Who encouraged you to apply?	What is your Adult T-shirt size?	
--	------------------------------	---	--

PARENT/GUARDIAN CONSENT: My signature below indicates my consent for my daughter/son to apply for the IEFLP Conference. I affirm that the information provided by me/us in this application is correct, and I consent to its release to IEFLP.

Student Signature:	Parent/Guardian Signature:
--------------------	----------------------------



Inland Empire Future Leaders Program CONSENT AND RELEASE AGREEMENT

If you are to participate in the Inland Empire Future Leaders Program Conference, you and your parent (or guardian) must agree to the conditions set forth in this agreement. You and the other undersigned, for yourself, your heirs, and all of your legal representatives, hereby:

1. Agree not to blame us for what does or does not happen as a result of your attendance at our approved events;
2. Authorize us to get or give medical aid if you need it;
3. Agree to abide by all of our rules and regulations;
4. Authorize us to use any reproductions of you or of what you do or say and to keep, copy and use what you produce while taking part in our events; and,
5. Accept that this Consent and Release Agreement contains the entire agreement between you and us and that you agree to abide by its terms and that no changes will be acceptable unless we both agree to them.

The above conditions are subject to the following definitions:

"blame" includes any and all claims, damages, demands, right of action and legal causes of action of whatsoever form or nature based upon physical or mental injuries, or personal property damage, resulting from the undersigned participation or attendance at any IEFLP approved event, or from any medical treatment authorized by any IEFLP agent, or the failure to do so;

"us" or "our" includes INLAND EMPIRE FUTURE LEADERS PROGRAM and all or any past, present, and future affiliates, officers, directors, trustees, employees, volunteers, or agents, regardless of their association or capacity;

"you" or "your" includes the undersigned, their heirs, and all of their legal representatives;

"give or get medical aid" includes providing, obtaining or designating any reasonable medical treatment and/or emergency medical treatment in the event of illness, injury, accident or incapacity of the undersigned minor;

"rules and regulations" includes all written or verbal instructions;

"reproductions of you or of what you do or say" includes photographs, movie or videotape films, or sound recordings;

"what you produce" includes all writings, drawings, or sculptures that you create while participating in an IEFLP event; and,

"use" includes reproducing and distributing for purposes of publicity, advertising, and promotion.

I, the undersigned participant, have read and understood the above five numbered conditions and further understand, that by signing this agreement, I give up certain rights.

I further understand that IEFLP makes no claims that I will derive any explicit or implicit benefit from participating in any IEFLP event and that any benefits that may accrue to me are entirely the result of the effort put forth by me as a participant.

I, the undersigned parent or guardian of the participant, a minor, represent that I have read and understood the five numbered conditions and the definitions and assume all liabilities and obligations for actions of the participant while subject to this agreement. I further understand that IEFLP makes no claims that the participant will derive any explicit or implicit benefit from participating in any IEFLP event and that any benefits that may accrue to the participant are entirely the result of the effort put forth by the participant.

Participant's Signature
Rev. October 26, 2015 FA

Date

Parent's or Guardian's Signature

Date



INLAND EMPIRE FUTURE LEADERS PROGRAM

FUTURE LEADER CODE OF CONDUCT

Be proud! You have been invited to become a Future Leader.

Future Leaders display the highest standards of behavior at all times. Your parents, your fellow Future Leaders, the Director and staff, and the good people who support this program have a right to expect honesty, integrity, and good moral judgment from you. In addition, teamwork and mutual support is very important. We encourage positiveness. "Put-downs" are not allowed.

Participants who do not observe the Future Leader Code of Conduct will be sent home. Parents of involved participants will be contacted and asked to take code violators home.

The HONOR of all Future Leaders and the continued EXCELLENCE of the program is the responsibility of each participant.

RULES TO REMEMBER FOR SAFETY AND SUCCESS

1. No smoking, use of alcohol or drugs, or immoral conduct. No cell phones.
2. Stay in campground boundaries at all times.
3. Remain with assigned groups during all program activities.
4. Attend all planned program activities. The program is extensive. You benefit only when you participate.
5. The leader of your group is your Facilitator. The Facilitator is your parent *in absentia*. You must follow the Facilitator's instructions and show respect at all times. If you have any problems, speak to your assigned Peer Counselor or Facilitator.
6. Refrain from inappropriate touching of others.
7. Refrain from use of inappropriate words, language, derogatory terms, and disrespectful comments.
8. Respect the rights and property of others. Losses sustained because of theft or vandalism will be paid for by those responsible.
9. All participants MUST be in assigned areas during all hours BEFORE BREAKFAST and AFTER CURFEW.
10. Footwear appropriate to the activity must be worn at all times.

I, _____, agree to abide by the rules stated above.
Participant's PRINTED name

Participant's Signature

Date



Inland Empire Future Leaders Program STUDENT MEDICAL HISTORY

If your child is to participate in the IEFLP Leadership Conference, you must complete this medical history form. **Your child may not attend the Conference if this information is not submitted to us.** Kindly supply all requested information. PLEASE TYPE OR PRINT.
Please attach a recent, clear head shot photograph at left.

Last Name	First Name	MI	Sex	Birthdate	Birthplace
Address	City	State	ZIP	Home Phone	
Full Name of person to notify in case of emergency:					Relationship
Address	City	State	ZIP	Work Phone	

Family Doctor	Doctor's Address	City	State	ZIP	Doctor's Phone

Medical Insurance Information

Policy Holder	Health Plan/Insurance Company
Policy Number	Expiration Date

1. If your child does not have medical insurance, how do you get medical services for him/her?

2. Is your child experiencing any of the following medical problems:

- | | |
|---|---|
| Asthma Yes <input type="checkbox"/> No <input type="checkbox"/> | Migraine Headaches Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Blood Disorders (Anemia) Yes <input type="checkbox"/> No <input type="checkbox"/> | Seizure Disorder Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Menstrual Disorders Yes <input type="checkbox"/> No <input type="checkbox"/> | Emotional Problems Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Stomach Problems Yes <input type="checkbox"/> No <input type="checkbox"/> | |

3. Please list any other ongoing medical/emotional problems:

4. Does your child have any allergies?

(Medications, foods, bee stings, plants, Insect bites, etc.) **Yes** **No**

To what? _____

Describe her/his reaction. (In your description, please also indicate if it is a mild, moderate, or severe reaction.)



Inland Empire Future Leaders Program
STUDENT MEDICAL HISTORY

(continued)

4. (ALLERGIES—CONTINUED)

How do you treat the allergy? _____

Does your child carry an EpiPen®? Yes No

5. Is your child taking any medications prescribed by a doctor? Yes No

Is he/she taking any other medications (including over-the-counter medications)? Yes No

If your child takes any medications, please make a list of those medications (prescribed or over-the-counter) that she/he will be taking during the conference. Please attach a list to this form or list them on the back of this form. If your child has an inhaler and a spare, be sure he/she brings them.

6a. When was your child's last tetanus shot? Month _____ Year _____

Please attach a copy of his/her vaccination record. If record is not submitted, your child cannot be accepted. Tetanus shot is good for ten years. If not current, it **MUST** be updated. Contact us if you need a referral to a free clinic.

6b. When was your child's last Measles, Mumps, Rubella (MMR) vaccination?

Month _____ Year _____

(Current MMR vaccination is required prior to being accepted to attend the IEFLP Conference.)

7. Does your child have limitations to physical exercise? Please explain.

8. Please describe any special dietary needs.

9. Eating disorders can be detrimental to the health of a participant, particularly in the altitude and warm climate at the Conference. Some disorders such as anorexia cannot be accommodated at the Conference. For their personal safety, participants discovered to have eating disorders will be sent home.

Please initial here: _____

Parent's/Guardian's Printed Name	Parent's/Guardian's Signature	Date



Inland Empire Future Leaders Program AGREEMENT & MEDICAL RELEASE Student Form

I am the parent or legal guardian of _____
(Please print name of student above)

who will be participating in activities sponsored by Inland Empire Future Leaders Program. In completing the required medical form, I have provided accurate and complete information about my child's medical record.

I hereby authorize Inland Empire Future Leaders Program, its personnel and representatives, to act for me on _____'s behalf in taking such action and securing and
(Printed name of student)

authorizing such treatment as they, or any of them, may deem appropriate with respect to any emergency, accident, illness, or similar circumstance arising in connection with the sponsored activity. I agree that Inland Empire Future Leaders Program, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment.

I agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by Inland Empire Future Leaders, whether or not such services are covered by insurance.

I agree to release and discharge Inland Empire Future Leaders Program, its personnel and representatives from any liability or demands that might arise in connection with 1) any accident, illness, or injury, or other consequence or event arising from in connection with my son/daughter's participation in the leadership development conference, or 2) any cause beyond the control of Inland Empire Future Leaders Program, including but not limited to, natural disasters or civil disturbances.

I understand that the IEFLLP Leadership Conference takes place at an altitude of 6000 feet. I further understand that the terrain is mountainous and hilly, requiring some hiking. In addition, understand that at times my child will engage in some strenuous physical activity. I am aware that my child must take care to stay hydrated, to wear sunscreen, to use insect repellent, and to protect her/his feet by wearing appropriate footwear (such as tennis shoes) at all times. I also understand that he/she may be exposed to typical plants and insects found in a Southern California mountain forest environment.

In completing the required medical form, I have provided accurate and complete information about my child's medical record. I understand and agree to each of the paragraphs above.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Revised November 19, 2019