

# OUHSD Youth Empowerment Summit



This event is sponsored by the Rotary Clubs of Camarillo and Oxnard

Congratulations, your school has selected you to participate in OUHSD YES!

OUHSD YES! Will be this April 15, 2023. It begins with registration at 7:30 at the Rancho Campana High School for a one-day conference. The event will end by 8:00PM. Students to be picked up by 8:30PM.

OUHSD YES! unites youth from throughout OUHSD for a one-day youth empowerment summit (YES). This summit focuses on each student's personal growth and development through group dynamics, workshops, and speakers that address the key components of ethics, diversity, team building, and public speaking.

In order to participate, we need you to fill out the information below and return to your site coordinator or email to [signup@OUHSDYES.com](mailto:signup@OUHSDYES.com) as soon as possible. Registration deadline is March 15th. Visit [www.OUHSDYES](http://www.OUHSDYES) for additional details.

**School Name** \_\_\_\_\_ **Grade Level** \_\_\_\_\_

**ASB Advisor :** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

## **Student Registration:**

This section should be completed by students who plan to attend the event. Students, please complete this form and **return it to your ASB Advisor and they will submit your registration online.**

### **Student Information:**

Name: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell #: \_\_\_\_\_ Can this number be texted? Yes No

School Email: \_\_\_\_\_

### **Parent/Guardian Information:**

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

Cell/House Phone # \_\_\_\_\_ Can this number be texted? Yes N

**T Shirt Size : XS S M L XL**

# OUHSD Youth Empowerment Summit



**Bus Ride:** Circle location where you will pick up a bus, if bus ride to Rancho Campana High School is needed (buses will pick up in front of the school):

HHS CIHS OHS PHS RMHS

**Vegetarian:** Yes or No

**Any medical concerns or food allergies?**


**List any limitations that may prevent you from participating in any physical activity:**


**Do you have health insurance:** Yes or No

**Health Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

## LIABILITY STATEMENT

I confirm that my child is in good health and able to attend OUHSDYES! Youth Summit. I further agree to release the Rotary Club of Camarillo, Rotary Club of Camarillo Breakfast, Rotary Club of Oxnard , Rotary International, and their associated officers, directors, and representatives, from liability for any and all damages or injuries suffered by my child while participating in the Youth Summit, including, without limitation, damages or injuries resulting from acts of negligence on the part of the Rotary Club of Camarillo, Rotary Club of Camarillo Breakfast, Rotary Club of Oxnard, Rotary International, and their associated officers, directors, and representatives. On behalf of my child and myself, he/she/they may be photographed. I agree to allow photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

# OUHSD Youth Empowerment Summit



**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT**

**AND I SIGN IT OF MY OWN FREE WILL. PARENT/ GUARDIAN WAIVER FOR MINORS** (under 18 years old). The undersigned parent and guardian does hereby represent that he/she/they is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above.

**For Parent/ Guardian:** *As the undersigned parent or guardian. I further agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.*

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **For Student:**

- *DECLARATION: As the student applicant, I will be required to adhere to all the requirements and instructions of the director and staff of OUHSD YES! If during my participation in the program and that in the event of my failure to do adhere to all the requirements and instructions, in a reasonable manner. I may be returned to my home by the first available transport. In accordance with the Privacy Act, I agree to my name and contact information being used on a list of awardees for OUHSD YES! follow-up and administration.*

**Student Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

- **ADDITIONAL DECLARATION (REQUIRED FOR APPLICANT UNDER 18 YEARS OF AGE)**

AS the PARENT OR LEGAL GUARDIAN of the above-named Applicant, approve of the Applicant's participation in the OUHSD YES! program. I authorize the Chairman of the OUHSD Yes! Youth Service Committee, where it is impractical to communicate with me, or to secure my prior consent, to consent on my behalf to any medical or surgical treatment as may be necessary to the Applicant's well-being and I undertake to meet such cost incurred.

**Parent/Guardian's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

### **Additional Information:**

The email you provided us with, along with your parents' email, will be kept on file. We will use them to correspond with both student and parent about important information. Please make sure our email address does not end up in a spam file. If you have provided us your cell phone number, we will also text you information prior to the day. As the day gets closer, your group leader will contact you. Students are to arrive at Rancho Campana by 8 AM and will be need to be picked up by 8:30 PM. If you have requested the BUS, a Transport Schedule will be provided separately. We look forward to sharing a day as we empower your future, enhance the leader in you and help you develop real world life skills. All pages must be signed Electronically or Print- sign, scan or take a photo. **Give Complete Application to your school ASB Advisor.**