



COMMUNITIES IN SCHOOLS
LEADERSHIP INSTITUTE
Emory University
Atlanta, Georgia
June 4 - 8, 2007

**Student Registration
Information / Emergency Sheet**

Please Complete the Following:

Name: _____ CIS County / Organization: _____

Name of Parent or Legal Guardian: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ Cellular: (____) _____

In case on emergency list the name and telephone number of another person we can reach (such as a pastor, teacher, other family member, or another adult):

Name: _____

Day: (____) _____ Evening: (____) _____ Cellular: (____) _____

The following information is requested for coordinating group activities and sizing for clothing provided by the sponsors.

Age: _____ Height: _____ Weight: _____

Sex: Female Male

Circle One Grade: 9th 10th 11th 12th

What talent have you displayed to others? (singing, dancing, drawing, poetry, acting, etc.)

Do you have any allergies? Yes No If yes, to what? _____

Does the student take any medications? Yes No

If yes, list the names of the medicine and times medication is to be taken:

Special Considerations: _____



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PERMISSION AND RELEASE FORM
FOR OVERNIGHT AND OUT-OF-TOWN TRAVEL

Dear Parent:

Your son/daughter, _____, has been recommended to attend the Communities In Schools Leadership Institute sponsored by Communities In Schools of Georgia. Specific event information is listed below. Your local CIS coordinator / Organization coordinator will provide transportation to the event; however, students will be asked to meet at their school or another local site for pick-up prior to the event and drop-off after the event. Your written permission is required for your child's attendance and participation in this event.

NOTE: Parent/guardian, student, and school principal or program director must sign this form.

Event Locations: Emory University in Atlanta, Georgia
Bowling, Billiards and Arcade in Doraville, GA
Turner Field in Atlanta, GA

Student Drop-Off Location

Parent Pick-Up Location

Site Departure Date and Time

Student Return Date and Time

To be completed by Parent/Guardian:

I hereby grant permission for my son/daughter, _____, to attend and participate in the above-listed event.

- I authorize my child to be transported as indicated above.
I understand and agree that interviews, photo, and/or videotaping pertaining to this event may be used for public relations and advertising and are the property of Communities In Schools.
I understand and agree that emergency medical or surgical treatment may be administered at a local hospital or by any licensed practitioner, in the event of illness, accident, or emergency if I cannot be reached.
I understand and agree that I and my child have read and understand the rules and procedures established by Communities in Schools and that he/she will be sent home should said rules and procedures not be followed.
I further state that I will not hold Communities In Schools Leadership Institute, Communities In Schools, Emory University, or any other associated school, organization, or agency liable for accidents, medical or surgical treatments, illness, or any other emergency or accident.

In the event of any emergency, I can be reached at: Phone No. () Cellular: ()

You can also call: Name Phone No. ()

Signature of Parent/Guardian

Date

To be completed by Student:

I have read all Communities In Schools Leadership Institute materials and, in consideration of Communities in Schools granting me the privilege of attending this event, understand that I am responsible for my own personal action and safety while in attendance.

Signature of Student

Date



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WAIVER OF LIABILITY

NOTICE:

By executing this document you waive certain legal rights on behalf of yourself and your family. You should read this document carefully before you sign it.

_____ (student name) has my permission to participate in the Communities In Schools Leadership Institute.

In consideration for being permitted to participate in the Communities In Schools Leadership Institute and make use of Emory University facilities and any equipment thereon between the dates of June 4, 2007 and June 8, 2007 at Emory University in Atlanta, Georgia, I, _____ (parent or guardian) do hereby agree to waive, indemnify, and hold harmless Communities In Schools, its agents, servants, and employees from any and all claims, demands, causes of action, liability, judgments, costs, and attorneys fees arising out of, claimed on the account of, or in any manner predicated upon the use of the facilities and any equipment thereon at Emory University, including any claims and actions for property damage or personal injury caused or received by my son or daughter in connection with the use of the facilities and equipment thereon. I further agree to indemnify and hold harmless Communities In Schools and Emory University, their agents, servants, and employees, and waive liability for any additional claims, suits, or actions for personal injury, loss of consortium, and property damage for which my heirs, executors, administrators, agents, or assigns, and each of them, may hereinafter acquire against Communities In Schools and Emory University, their agents, servants, and employees to the extent that such damage, or death, that occurs with the use of the facilities and any equipment thereon by my son or daughter.

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give permission to appropriate Communities In Schools personnel to use their judgment in obtaining medical services and also give permission to the physician(s) selected by Communities In Schools personnel to render any medical treatment deemed necessary and appropriate by said physician(s). I understand that any medical cost incurred from such treatment will be my sole responsibility.

Indicated below are any activities in which I do not wish my child to participate:

Extensive Walking ___ Running ___
Basketball ___ Other _____
Bowling/Billiards ___

I have read and understand this consent form and agree to assume the responsibility stated.

_____(Signature of Parent/Guardian) _____(Date)

Please print name and address:

Name: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Telephone Numbers: Day: (____) _____ Evening: (____) _____



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HEALTH INFORMATION FORM

1. Has your child been recently hospitalized or been advised in the last 12 months that hospitalization, surgery, or treatment is needed or pending? If yes, please list the reason for hospitalization or surgery.

2. Has your child ever been treated for or received medical advice for heart disease, lung disorders, diabetes, back problems, knee problems, or any other major condition?

3. Is your child taking any prescribed medication? If so, please list the name of the medication, why, and how often/when it is needed.

4. Name of insurance company and policy number (if applicable): _____

I confirm that all information shown above is complete and true to the best of my knowledge and belief. I understand that Communities In Schools will rely on this information in deciding if my child is able to attend and participate in the leadership institute.

Parent / Guardian Name (Print): _____

Parent / Guardian (Signature): _____

Child's Name: _____

Relationship to Child: _____

Date: _____



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FACT SHEET

Please Read All Of This Information Carefully

PURPOSE OF TRIP

The ultimate objective of the Communities In Schools Leadership Institute is to help kids prepare for life through comprehensive marketable workshops, leadership training, and team building activities.

SUPERVISION

Students attending the trip will be supervised at all times by Communities in Schools staff and volunteers. At no time will students be allowed to participate in unsupervised activities. The dormitories will be segregated by gender. Someone will be stationed all night on each floor.

For more information, contact Tynnetta Parks, 404/888-5784.

DATES OF EVENT

Monday – Friday, June 4 – 8, 2006

Students must attend the entire institute. Students will explore their interests, gain new skills, meet new friends, and make a difference in their community.

REASON FOR STUDENTS TO BE SENT HOME

Any violation of one or more of the rules listed is reason for students to be sent home from the Communities In Schools Leadership Institute at the expense of the parent.

The following are PROHIBITED during the institute:

Smoking	Alcohol/Drugs
Fighting	Stealing
Profanity	Disrespect
Non-Participation in Events and/or Workshops	

Students involved in any illegal activity will be turned over to local police. Parents will be responsible for resolving the situation from that point.

ITEMS TO BRING (AND NOT TO BRING)

1. Toiletry items including soap, toothbrush, toothpaste, deodorant, comb, brush, etc.;
2. Shower shoes and shower cap;
3. Towel(s) and washcloth;
4. Five days' change of casual/ comfortable clothing – excessively small and/or excessively tight clothing (as determined by supervisory staff) are not acceptable and such clothing will not be allowed – “baggy” or loose fitting pants are allowed but must hang from the waistline and be neat and presentable;
5. Athletic clothing and shoes;
6. Swimwear (no 2-piece or string bikinis, Speedo's or low riding swimwear);
7. Pencil or pen for classroom activities;
8. No more that \$100.00 spending money;
9. No head rags, bandannas, or stocking caps will be worn; hats are not permitted to be worn inside buildings, but can be brought;
10. Required coat/tie for males, dress/skirt for females for attendance at a planned semi-formal dinner;
11. No single pants leg will be rolled up; and

DO NOT BRING any expensive items including jewelry, electronic items, clothing, etc.

NOTE: Cell phones and/or pagers are allowed **ONLY FOR STAFF.**

**COMMUNITIES IN SCHOOLS IS NOT RESPONSIBLE FOR ITEMS, INCLUDING MONEY,
LOST OR STOLEN AT THIS EVENT.**

Please mail all forms by May 4, 2007: Att: Tynnetta Parks, Communities In Schools of GA, One Georgia Center, 600 West Peachtree Street, Suite 1200, Atlanta, GA 30308 or fax 404-888-5789