

PeaceJam Regional Leadership Conference Application Nobel Peace Laureate Jody Williams of the United States Oregon State University - Corvallis, Oregon April 23-24-25, 2010

Instructions:

1. Type or print all information on this application form and be sure to sign it on all pages. **Please fill out all information on all pages.**
2. Include parents' or guardian's permission on all forms
3. **Deadline: Application with \$50.00 nonrefundable attached check or money order (made out to PeaceJam Solano) must be turned in to your club facilitator as soon as possible.**
4. **There are 49 seats available on a first come, first served basis – get your application in as soon as possible.**
5. **Remainder of money must be turned in by FRIDAY, MARCH 26, 2010.**
6. If you are not in the first 49 people turning in their applications and deposit, your name will be put on the waiting list. If someone does not turn in the remainder of their money by 3/26/10, seats will be filled from the waiting list. Anyone on the waiting list who does not get a seat will have their money returned.

For more information email Mary@PeaceJamSolano.org or call (707) 333-0853.

Name: _____
Name First Name Full Middle Name

Address: _____ Birthday: _____
Street Address

City: _____ Zip Code: _____

Telephones: _____
Home Cell

Email: _____
Please Print

School attending: _____ Graduation Year: _____

Gender: M / F

T shirt size: extra small small medium large extra large 2X 3X

Parents and Youth: Please initial each statement:

I agree to attend The PJ Parent Information Meeting on Wednesday, April 14 (the week prior to the conference) at 6:30 pm in the Will C Wood Library. Parents: _____. Youth:_____.

I agree to attend The PJ Reception on Wednesday, April 28 (the week following the conference) in the WCW Library to share my experience. I will rearrange my work schedule if necessary. Youth: _____

I agree to be available to speak at two or more community groups or schools about my conference experience. Youth:_____

Student Information

Club Facilitators will keep this information in a secure and confidential file. It will only be used as needed and / or permitted. (Parent and student, please initial each statement and sign at the bottom.)

1. I give my permission for student information to be shared among the club members. Parent: _____ Youth:_____

2. I give my permission for student information to be shared between the PeaceJam clubs. Parent: _____ Youth:_____

3. I give my permission for student information to be used by Youth Peace Initiative, Inc . for communication of PeaceJam Solano and Youth Peace Initiative, Inc. activities and events Parent: _____ Youth:_____

4. I give my permission for parent/guardian information to be used by Youth Peace Initiative Inc. for communication of PeaceJam Solano and Youth Peace Initiative, Inc. activities and events. Parent: _____ Youth:_____

5. I understand that the Medical Liability Waiver and Release information form will be kept confidential and the information used only in an emergency. Parent: _____ Youth:_____

6. I understand that the Media Release and Permission form allows PeaceJam Solano / Youth Peace Initiative, Inc. to publicize activities my student might be involved in. Parent: _____ Youth:_____

Parents/Guardians: Please fill out the following:

I will pay the \$200 remaining balance as follows:

_____ I received a club scholarship to attend and owe nothing further than my \$50 application fee

_____ \$200.00 with this application. Check or money order made out to "PeaceJam Solano"

_____ a portion from club funds with the remaining \$ _____ by March 26, 2010.

_____ I would like to provide a scholarship (or portion) for another youth to attend. Please find my gift of \$ _____ included in this packet; or mail to 1652 West Texas Street, #248, Fairfield, CA 94533

_____ I would like to be a "PeaceJam Parent" – please tell me how I can get more involved.

Dear Parents,

It is a privilege that you entrust the safety of your child to us. We take this responsibility seriously. Please fill out the following. Attach an additional sheet if there is further information we should know about. Thank you!

I(We) give my permission for _____ to attend the PeaceJam
Weekend conference held at Oregon State University in Corvallis, Oregon. I understand that my child,
_____ will need to take Friday, April 23 off from school to travel
and will return late on Sunday, April 25, 2010.

I will make sure that _____ is on time for the 6:00 AM departure on
Friday, and I will be on time for pick-up on Sunday night.

I release PeaceJam Solano, PeaceJam Planning Team, Youth Peace Initiative, Inc., Youth Peace Initiative (YPI) Board members, Sherilyn Henry, PeaceJam Solano/YPI chaperones, PeaceJam Foundation and Oregon State University from any responsibility of harm that may come to my child

Print youth name

Signature of Parent/Guardian: _____ Date: _____

*Signature of Parent: _____ Date: _____

*Note: both parents' signatures are needed in the event of joint custody

Primary parents(s) address: _____

Home phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

2nd parent: Home phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Signature of Youth Applicant:

The information in this application is true and complete to the best of my knowledge. The signature(s) of my parents/guardians are accurate.

Signature of Youth Applicant:

_____ Date: _____

Confidential Copies of this form: 1 – Club Facilitator, 1 – Youth Peace Initiative Custodian of Information
PeaceJam Solano/Youth Peace Initiative
Media Release
Parent/Guardian Consent and Waiver of Rights

To help further develop their programs, PeaceJam Solano / Youth Peace Initiative, Inc. may, from time to time, wish to or receive requests from organizations or persons to photograph students, disseminate information about students or interview students for purposes of publicity, advertising or promotion via television, internet, film, video, audio tape, or electronic media. Your written consent is required for your child's participation and appearance in such media as a still photograph and/or audio-visual programming.

I give permission for my youth, _____, to participate and appear in still photograph or audio-visual programming whether television, internet, film, video, audio tape or electronic media for PeaceJam Solano / Youth Peace Initiative, Inc. in connection with publicity, advertising, or promotion of PeaceJam Solano / Youth Peace Initiative, Inc.

I waive the right to control approval, use or reuse of such still photograph or audio-visual programming. On behalf of myself and youth, I also waive the rights to any fees, royalties, or other compensation which may arise from my youth's participation in the still photograph or audio-visual programming under the laws of the United States or any state thereof, or the laws of any other nation or jurisdiction.

My consent for the participation of my youth is valid unless I notify PeaceJam Solano / Youth Peace Initiative, Inc. in writing that my consent is withdrawn.

Print name of youth

Youth Signature

Date

Print name of parent / guardian

Signature of parent / guardian

Date

(This form will be forwarded to the Youth Peace Initiative, Inc. Secretary and Custodian of Information and will be kept confidential.)

**PARENT PERMISSION and
YOUTH MEDICAL/LIABILITY WAIVER and RELEASE
PeaceJam Solano / Youth Peace Initiative, Inc.**

Name of Minor _____ Birth Date: _____

please print

Name of Parent or Legal Guardian _____

please print

Two Additional Emergency Contacts and Phone Numbers

The above mentioned minor has my permission to participate in events related to Youth Peace Initiative, Inc. and PeaceJam Solano activities. I further give my permission, whenever it may be deemed necessary, for the calling of a doctor and/or the providing of other medical services for the above mentioned minor. I agree to pay for all medical services provided.

I understand that reasonable measures will be taken to safeguard the health and safety of the participants, and that I will be notified as soon as possible in case of an emergency. However, I agree to indemnify and hold harmless Youth Peace Initiative, Inc., Directors, their employees, agents, sponsors, representatives, volunteers and PeaceJam Solano teachers, leaders, facilitators and chaperones from all liability arising from the above named minor's participation in or attendance at Youth Peace Initiative, Inc. and PeaceJam Solano functions and related activities, no matter how caused, whether it resulted from negligence of Youth Peace Initiative, Inc., their Directors, employees, agents, sponsors, representatives, and/or PeaceJam Solano teachers, leaders, facilitators, chaperones, or otherwise.

I certify that the above named minor is in good health and able to participate in all normal activities of the group.

YES____ NO____. If NO, describe the limits of the participant:

Is the above minor currently under a doctor's care or supervision: YES____ NO____. If YES, please specify _____

Is the above minor currently taking medications: YES____ NO____. If YES, please specify:

Is the above minor allergic to any food or medications: YES____ NO____. If YES, please specify: _____

May adult chaperones have permission to give above minor Ibuprophen (Motrin, Advil) and/or Acetaminophen (Tylenol) if needed? YES _____ NO _____ (students may not bring their own)

Date of last tetanus shot: _____ Family Physician _____ Phone: _____

Family Medical Insurance coverage: Company: _____

Policy #: _____ Ins Phone # _____

Signature of parent or guardian _____ Date _____

(The club Facilitator will keep a copy of this form securely filed and also include a copy in the traveling packet that Facilitator takes to all events and activities off school premises. Information will be kept confidential unless needed in an emergency.)

Please Print Name of Student: _____ Date _____

PeaceJam Solano / Youth Peace Initiative, Inc.

TRANSPORTATION RELEASE AND PERMISSION

It is the responsibility of the youth and their parents/guardians to provide transportation to and from Youth Peace Initiative / PeaceJam Solano events and activities. However, during some events or activities it may be necessary to transport youth from one location to another. In those cases, Youth Peace Initiative directors, volunteers, employees, or contractors will provide the necessary transportation. Youth Peace Initiative, Inc. policy prohibits students from riding with non-Live Scanned* adults and also from riding in a vehicle alone with an adult. It also states there must always be at least three people in the vehicle. Drivers must adhere to Youth Peace Initiative's Transportation Policy. In order to provide this transportation, we need written permission from the parent / guardian. Youth may not be transported without this parent/guardian permission.

I give my permission for my son/daughter _____ to be transported during a PeaceJam Solano/ Youth Peace Initiative, Inc. activity or event by a PeaceJam Solano / Youth Peace Initiative, Inc. director, employee, contractor or volunteer. I understand that only directors, volunteers, employees and contractors who has been Live Scanned* may transport youth. I understand there will always be at least three people in the vehicle.

PRINT student name

Parent / Guardian Signature

EXCEPTION: If your youth misbehaves, s/he will be immediately sent home. You will be notified immediately regardless of the time. Your youth will be escorted to Solano County by one chaperone. You are responsible for all costs related to getting your youth back, including rented vehicle to drive to Portland airport, airfare for both your youth and chaperone, food expenses and possible car rental to return from Sacramento airport.

I understand that if my youth misbehaves, s/he will be immediately sent home with one chaperone and I will pay all related costs to getting my youth home from Oregon State University.

Parent / Guardian

Signature

Date

*Live Scan checks the background and fingerprints of an individual. Youth Peace Initiative, Inc. submits their Live Scan checks to both the State of California and the Department of Justice.

Copies: YPI Custodian of Information, Facilitator, driver



STUDENT REGISTRATION FORM

Please fill out all forms and return the registration packet to your teacher with your \$75 registration fee.

For Office Use Only

Conference Fee Paid: _____ Not Paid: _____ Scholarship Amount: _____

PLEASE PRINT CLEARLY

Youth's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Alt./Cell Phone:(_____) _____

Date of Birth (Conference is open to youth age 14 and older): _____ Grade: 9 10 11 12 Other

E-Mail: _____

*PeaceJam Website User Name: _____

* signing up on the PeaceJam website is encouraged in order to attend all PeaceJam events. If you have not already signed up on the PeaceJam website, please visit www.peacejam.org and click the "Join PeaceJam's Global Call to Action" button to create an account

School/Organization: _____

Teacher/Sponsor's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone:(_____) _____ Alternate Phone:(_____) _____

Have you attended a PeaceJam event in the past? Yes No If yes, how many events? _____

Special Meal Request (select if needed): Vegetarian Vegan Gluten Free

T-Shirt Size: XS S M L XL 2X 3XL

Due to the difficult economic times, I would like to add a tax deductible contribution to my registration fee to help support the attendance of low-income students through the PeaceJam Scholarship Fund.

\$15 \$30 \$50 Other _____ I cannot contribute a scholarship at this time

I have included my \$75 registration fee

Total individual registration fee included (please add additional contribution if applicable): \$ _____

Please note that due to the various logistical aspects of conference planning, refunds will not be given for registered students who do not attend. Substitutions are accepted up to the day of the event and must be coordinated through your group sponsor.

PEACEJAMMER CONTRACT

As a PeaceJammer for the PeaceJam Event on April 24th and 25th, 2010 in Corvallis, Oregon I agree to the following:

- I will fully participate in the PeaceJam event and will honestly interact with all participants in the spirit of PeaceJam. I will remain with the program at all times and will not leave the conference without express permission of my PeaceJam Sponsor and making sure that PeaceJam staff is aware that I am leaving the event. I agree to silence my cell phone throughout the event. I will bring weather appropriate/comfortable clothing, pens, pencils, notebooks. I will not bring CD players/MP3 players/Music players, glass containers, weapons, non prescription drugs, alcohol

Parent/Guardian Signature: _____ Date: _____

Youth Signature: _____ Date: _____



PEACEJAMMER MEDICAL HISTORY

To help us provide for all of our participants' physical needs and to aid in case of emergency, please provide as much of the following information as possible. This information will not have any impact on your child's eligibility to attend the conference.

Youth Name: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Home Phone:(_____) _____ Alt./Cell Phone:(_____) _____
School/Organization: _____
Parent/Guardian Name: _____
Parent/Guardian Home Phone:(_____) _____ Alt./Cell Phone:(_____) _____

Are there any physical accommodations of which you would like us to be aware in order to make the conference more comfortable or accessible for you? Accommodation requests related to a disability should be made to PeaceJam Northwest Anelise Montán (541) 737-3172. In order to be able to provide the accommodations, we need to be made aware of the needs no later than a week before the event.

Food, Drug, Seasonal or other Allergies (Please describe):

What medications are you currently taking, if any? _____

Doctor's Name: _____ Telephone:(_____) _____

Medical Insurance Carrier: _____

Policy # _____

Agent's Name & Telephone:(_____) _____

Emergency Contacts (please provide the names and contact information for 3 people in case of emergency):

1. _____ Relationship: _____ Phone:(_____) _____
2. _____ Relationship: _____ Phone:(_____) _____
3. _____ Relationship: _____ Phone:(_____) _____

Any other health concerns or needs of which you would like us to be aware?

Please check the box below and sign this form:

- I authorize PeaceJam Foundation or OSU staff members to give consent to a physician and/or hospital for emergency medical or surgical treatment for my child while participating in the PeaceJam Youth Conference or Slam events. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. It is understood that I will not hold the PeaceJam Foundation or OSU responsible for results of medical treatment or care.

Parent/Guardian Signature: _____ Date: _____



PEACEJAM YOUTH/STUDENT RELEASE

This release is executed on the _____ day of _____, 20_____,
by _____ ("Student" or "Youth") and

_____ ("Parent" or "Guardian" if under 18 years of age)

(collectively "Releasers") in favor of the PeaceJam Foundation, and Oregon State University (collectively "Parties Released").

In consideration of the Student's being allowed to participate in PeaceJam Youth Conference or PeaceJam Slam conference, instructional, workshops, and outreach activities scheduled to take place on April 24th and 25th, 2010 (the "Activities") including, but not limited to, musical entertainment, games, community service activities, gardening, building maintenance, etc. Releasers hereby acknowledge that they have had the opportunity to determine the nature of the Activities and the manner in which they will be conducted. Having such knowledge or having waived the right to obtain such knowledge, Releasers hereby personally assume all risks in connection with the Activities and further release the Parties Released and their instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury, or damage which may befall the Student while engaged in the Activities, traveling to or from the sites of the Activities, or arising from the Student's presence at or near the sites of the Activities, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the Parties Released or their instructors, agents, employees, volunteers, operators, officers, and trustees. Releasers further agree to save and hold harmless the Parties Released and the above persons from any claim by Releasers or their family, estate, heirs, or assigns, which arise out of the Activities.

Releasers acknowledge that the Activities may involve transportation by bus, private vehicle, or other mode of transportation, and may involve outreach activities beyond the scope of traditional academic functions including outreach activities into impoverished neighborhoods involving direct personal contact. Releasers acknowledge that the Student's participation in the Activities is voluntary, and that such participation potentially involves risks which are impossible to predict, but which may be beyond the scope of risks normally associated with the traditional academic functions. These risks may include but are not limited to loss or damage to personal property, and the risk of sickness, personal injury, death, etc., while participating in the Activities.

Releasers understand that parts of the Activities may be physically and/or emotionally demanding. Releasers affirm that the Student is not under a physician's care for any condition that might endanger the Student's health as a result of participation in the Activities, or endanger the health of other participants. Releasers understand that they are assuming the risk of any physical injury that might result to the Student a result of the Student's participating in the Activities.

Releasers hereby grant to the Parties Released and all persons or entities acting for or through them the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, sound recordings, and other media presentations of any kind whatsoever, in which the Student may appear and which are made or produced in connection with the Activities.

Releasers state that they fully understand that the terms of this Release are contractual and not a mere recital, and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this Release by reading it before signing it.

NOTE: At least one Parent/Legal Guardian must sign this Release, if the Student/Youth Participant is under eighteen years of age.

Student Printed Name: _____

Student Signature: _____ Date: _____

Parent or Guardian Printed Name: _____

Parent or Guardian Signature: _____ Date: _____