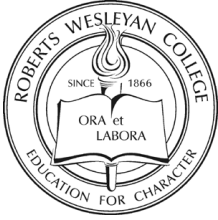


Roberts Wesleyan College Enactus presents...



Program Details

*An inspiring and hopeful program to empower youth (grades 8 - 10)
to make lasting change in the community!*

WHEN: **November 7-9, 2014**
Arrival: Friday, November 7th (pick-up at 4:30 p.m.)
Departure: Sunday, November 9th at 11:00 a.m.

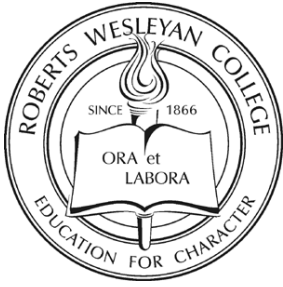
WHERE: **Roberts Wesleyan College**
2301 Westside Drive
Rochester, NY 14624

During ELEV8, student teams will identify a need in the community. Each team will be asked to think of possible solutions and plan a project to address this need. Teams will present their project and plan to a panel of judges / community members who will evaluate the projects and grant financial awards based on established criteria.

Transportation to and from ELEV8 will be provided by Roberts Wesleyan College. Locations for pick-up and drop-off will be determined and communicated in late October.

Program Highlights

- **TEAM BUILDING GAMES**
- **SKILL BUILDING WORKSHOPS**
- **PROJECT PLANNING AND DESIGN**
 - **SPIRITUAL CONCERT**
 - **COLLEGE EXPERIENCE**



An inspiring and hopeful program (November 7-9, 2014) to empower youth (grades 8 - 10) to make lasting change in the community!

Please complete pages 2-6 of the application packet, including the following forms: General Information, Medical Information, Acknowledgement and Assumption of Risk, Visual/Audio Release Form, and the program Questionnaire. *Please print neatly... Thank You!*

General Information

Student Information

Name (First) _____ (MI) _____ (Last) _____

Address _____ City _____

State _____ Zip Code _____ Phone () _____

E-mail Address _____

School Name _____ Grade _____

Birthdate (month/day/year) __/__/____ Male Female

Primary Language _____

T-shirt size (Adult sizes only) Small Medium Large XLarge

Parent / Guardian Information

Name _____

Phone () _____

Father's Work Phone _____ Mother's Work Phone _____

If unable to contact parent, emergency contact is:

Name _____ Phone () _____

Please mail or deliver your completed application by Monday, September 29, 2014 to:

Roberts Wesleyan College
c/o Carrie Starr, ELEV8
2301 Westside Drive
Lower Hastings #111
Rochester, NY 14624



Medical Information

Name of Student _____ DOB ____ / ____ / ____

Address _____

Name of Insurance Company _____
(Submit a photocopy of insurance card if possible)

Policy # or Member ID # _____

Medical Information

1. List any physical disabilities or health problems. Indicate whether you have special needs regarding sleeping accommodations, meals, etc.
 - a.
 - b.
 - c.
2. List all medications you take on a regular basis.
 - a.
 - b.
 - c.
3. List any allergies.
 - a.
 - b.
 - c.

The information on this medical form is correct and up to date to the best of my knowledge. _____
Initial
(parent / guardian)

Medical Release

I hereby grant permission to authorized personnel at Roberts Wesleyan College to administer any necessary First Aid to my child while at the ELEV8 weekend program.

In the event of an emergency where I cannot be reached, I hereby give permission to designated personnel at Roberts Wesleyan College to take whatever action is necessary to care for my child, including but not limited to, ambulatory services, ordering x-rays and appropriate tests, hospitalization, injections, anesthesia and or surgery for my child as named above.

I understand that Roberts Wesleyan College is NOT responsible for any costs including deductibles that are associated with the transportation and care of my child in which they have concluded medical attention is needed.

Name _____ Date: _____
(please print)

Signature (parent/guardian) _____



Roberts Wesleyan College
2014
Acknowledgement and Assumption of Risk

All Participants shall read, or have read to them, the following Acknowledgment. Participants must sign below. A Parent or Legal Guardian of any participant under the age of eighteen is also required to sign.

I am attending the following Roberts Wesleyan College Activity:

ELEV8

As a participant in the above activity for which I am attending:

1. I understand and acknowledge that there are dangers and risks of personal injury inherent in the activities in which I may participate, including but not limited to injuries which may occur:
 - I. Because of my own actions; or
 - II. Because of contact with other participants, or because of the actions of other participants; or
 - III. Because of the use of equipment or facilities required for the activity (such as playing fields, gymnasiums, swimming pools, and the equipment used in those facilities, etc.).
2. I understand and acknowledge that participation could result in such injuries as strained muscles or ligaments, breaks in bones, head injuries, communicable diseases, infection, disability (either temporary or permanent), disfigurement or even more serious though rare conditions such as paralysis (either partial or more extensive) and even death.
3. I understand and acknowledge that injuries may occur because of the nature of some of the activities and because of the use of equipment or facilities, in spite of the efforts of staff and college personnel to prevent or minimize the risk of injuries, or in spite of their efforts to maintain equipment or facilities in safe condition.
4. I also understand that food will be offered during the session and that Roberts Wesleyan College will not be held responsible for any reaction, injury or death from the consumption.
5. I also understand that while on campus that my image or likeness may be electronically captured and/or used. It is my responsibility to submit written documentation to Roberts Wesleyan College should I choose not to have my image or likeness made public within 14 days from completion of program.

By participating in the activity for which I am attending, I voluntarily and knowingly assume the risks described above, and fully accept all responsibility and obligation for any costs, expenses, losses or damages suffered because of my assumption of such risks and agree to indemnify and hold harmless the College, it's employees, and Trustees against any claim.

_____/_____
Name of Participant (printed) Birth Date

_____/_____
Signature of Participant Date signed

For all Participants who have not attained the age of eighteen (18) years, a parent or legal guardian shall read and complete the following:

On behalf of my minor child, I have read the foregoing statement and hereby acknowledge and assume the risks of my child's participation in the activity listed above, and fully accept all responsibility and obligation for any costs, expenses, losses or damages suffered because of the assumption of such risks and agree to indemnify and hold harmless the College, it's employees, and Trustees against any claim.

_____/_____
Name of Parent or Guardian (printed) Date

Signature of Parent or Guardian



Visual/Audio Release Form

I grant permission to Roberts Wesleyan College, its employees and agents, to take and use visual/audio images of me. Visual/audio images are any type of recording, including photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. Roberts Wesleyan College will not materially alter the original images. I agree that Roberts Wesleyan College owns the images and all rights related to them. The images may be used in any manner or media without notifying me, such as college-sponsored web sites, publications, promotions, broadcasts, advertisements, posters and theater slides, as well as for non-college uses. I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them.

I release Roberts Wesleyan College and its employees and agents, including any firm authorized to publish and/or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use of the images or printed material used with the images.

I am at least 18 years of age and competent to sign this release. I have read this release before signing, I understand its contents, and I freely accept the terms.

Printed Name

Date

Signature

Telephone or e-mail address

Address

Parental Authorization if under 18 years of age:

I have read this release before signing, I understand its contents, and I freely accept the terms.

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date



Questionnaire

Student Name _____ Grade _____

School _____

Instructions: Please answer the following questions to the best of your ability. You may attach any extra paper as needed. (These are short answer questions, not long essays.)

1. I want to take part in ELEV8 because...

2. What do you view your role to be in your community?

3. Do your plans for your future include going to college after high school? (Please check one.)

Yes Maybe Not at this time

Unsure, I need more information I haven't really thought about this

4. Have you visited a college campus before? (Please check one.) Yes No

If yes, what campus? _____

If you have questions, please contact:

LILLIAN , PROJECTMANAGER SLIWOSKI_LILLIAN@ROBERTS.EDU

JENNIE, PROJECT MANAGER PROUTY_JENNIE@ROBERTS.EDU

CARRIE, ENACTUS ADVISOR STARR_CARRIE@ROBERTS.EDU

PHONE: 585-594-6257

“Don't let anyone think less of you because you are young. Be an example to all believers in what you say, in the way you live, in your love, your faith, and your purity.” 1 Timothy 4:12

