



Global Teen Leadership Program Peru Exchange

STUDENT INFORMATION

Student's Legal Name _____ DOB _____ Age _____
Gender _____ Current Grade _____ School _____
Address _____ City _____ Zip _____
Phone Number _____ Email address _____
Place of Birth (city, state, country) _____
Country of Citizenship _____ Passport Number _____
Date Passport Issued _____ Expiration Date _____

FAMILY INFORMATION

Parent/Guardian 1:

Parent Name _____ DOB _____ Relation _____
Address _____ City _____ Zip _____
Phone Number _____ Email address _____

Parent/Guardian 2:

Parent Name _____ DOB _____ Relation _____
Address _____ City _____ Zip _____
Phone Number _____ Email address _____

Best Parent/Guardian E-mail to Contact _____

First Parent/Guardian to Call in Emergency _____

ADDITIONAL EMERGENCY CONTACTS

Person 1 - Name _____ Relation _____
Address _____ City _____ Zip _____
Phone Number _____ Email address _____

Person 2 - Name _____ Relation _____
Address _____ City _____ Zip _____
Phone Number _____ Email address _____

HEALTH INFORMATION

Physician _____ Medical Center _____
Address _____ City _____ Phone _____
Insurance Company _____ Policy # _____

ALLERGIES

Type _____ Reactions if exposed _____

Treatment _____

Dietary Restrictions _____ Reasons _____

Reactions _____

Physical Limitations _____ Reasons _____

Any Additional Health Information we should be aware of _____

MEDICATIONS (please list any medication which you would need to bring on the trip)

Routine Medications _____

Treatment for _____ Times _____

Additional health forms are required by student's physician for all medications required on trip (including inhaler & Epi-pen)

SUPPLEMENTAL QUESTIONS

Have you required any hospital treatment, including surgeries, in the past year? Yes/No

If Yes, please describe _____

Do you currently have ongoing health issues? Yes/No

If Yes, please describe _____

Are there any health-related issues which might affect your fitness to travel? Yes/No

If Yes, please describe _____

Student and Parent Program participation: Student/Parent – please both initial next to each section below

____ I understand that a completed application by student and parent/guardian is due by February 1, 2019.

____ I understand that full participation in the workshops are required prior to participating in the Peru trip.

____ I understand that a valid passport that expires no sooner than February 1, 2019 must be provided to the YMCA by March 1, 2019.

____ I understand that payment of \$3800 must be paid in full to the YMCA by June 1, 2019. Payment schedule to the Y may be arranged.

____ I understand that all payments are final and no refunds will be provided if my student chooses to withdraw from the program (space is limited and plane tickets are pre-booked by March 1, 2019, as well as all accommodations in Peru). *Extenuating circumstances for withdrawal must be approved by the CEO at the YMCA.*

____ I understand that my student's spending money is not included in the quoted fee. This is an additional expense and must be provided by the student/family. The suggested spending amount is \$300 per student for any personal purchases such as gifts, snacks or souvenirs.

____ I understand that if my student requires medication during their travel I must supply a minimum of 20 days prior to departure of their trip.

____ I understand that I must supply the YMCA with copies of my student's immunization records

____ I and my student understand that this exchange program has an emphasis on responsible citizenship, service and leadership development and my student agrees to follow all safety expectations and guidelines set forth by YMCA and BVSD staff members.

Waiver of Liability Form

This Waiver of Liability (the "Waiver") executed on this ____ day of _____, 20__ by

_____ ("Participant") releases the YMCA of Boulder Valley, a Colorado non-profit corporation, its directors, officers, employees, volunteers, representatives, and agents (collectively, the "YMCA"). The Participant desires to participate in YMCA activities associated with the Global Teen Leadership Program including international travel (the "Program").

1. **Waiver and Release:** I, the Participant, release and forever discharge and hold harmless the YMCA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the Program. I understand and acknowledge that this Release discharges the YMCA from any liability or claim that I may have against the YMCA with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in the Program.
2. **Insurance:** Further I understand that the YMCA does not assume any responsibility for nor obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits, repatriation expenses, trip insurance, or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the YMCA.
3. **Medical Treatment:** I hereby release and forever discharge the YMCA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my participation in the Program.
4. **Assumption of Risk:** I am voluntarily participating in the Program and I am participating in the Program entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in the Program, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the Program location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Program, including travel to, from and during the Program. I acknowledge that this Program may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic, and actions of others, including but not limited to, participants, volunteers, spectators, and Program monitors, and/or producers of the Program.
5. **Photographic Release:** I grant and convey to the YMCA all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the YMCA in connection with participation in the Program.

I, the undersigned Participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing of my own free will.

Participant Name _____ **Participant Signature** (if over 18) _____

Date _____ **Participant Address** _____

Parent/Guardian Waiver for Minors

In the event that the Participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian as follows:

I hereby certify that I am the parent or guardian of _____, Participant named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name _____ **Parent/Guardian Signature** _____

Date _____ **Relationship to Participant** _____

Parent/Guardian Address _____

STUDENT PERSONAL BACKGROUND

Volunteer/Work Experience

Please give details of any previous or current volunteer or work experience:

Organization _____ **Dates with organization** _____

Reference or Contact Name _____

Contact Info (phone/email) _____

Responsibilities/duties performed _____

Organization _____ **Dates with organization** _____

Reference or Contact Name _____

Contact Info (phone/email) _____

Responsibilities/duties performed _____

Please list any skills you may have which relate to overseas service learning:

(Including, but not limited to: working with children/youth, working with people with disabilities, working with elderly people, arts and crafts, sports and leading games, etc.)

Do you speak other languages? Yes/No

If Yes, please list languages and fluency levels (basic, verbal, written, fluent):

Have you had any international experiences in the past? If so, please describe:

Please describe yourself, including your strengths, opportunities for growth, and leadership style:

What are your future plans?

**Have you been involved in any organizations, movements, service programs and other projects?
If so, please give details:**

What does service learning mean to you?

Please describe briefly a national and/or international issue that has affected you:

What are your main reasons for wanting to participate in this program and travel to Peru?

What do you hope to gain from and achieve during this program & exchange trip?

What challenges and difficulties do you think you will encounter living in another culture with a different set of values?

When faced with a personal conflict, how do you tend to respond?

Please tell us anything else you think we should know about you, your goals, and/or your motivations for applying for this program:
