

WEST TEXAS AHEC: LEADERSHIP DEVELOPMENT CONFERENCE

REGISTRATION FORM

(Please print)

Participant's name: _____

Male Female Date of Birth: _____ Shirt Size _____

Roommate Preference: _____

Contact Information:

Street: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Parent/Guardian Information:

Parent/Guardian name: _____

Contact phone: (home) _____

(work/cell) _____

I (parent/guardian) _____ grant permission for (participant name) _____ to participate in West Texas AHEC: Leadership Development Conference at Texas Tech University Health Sciences Center in Lubbock, July 25-27, 2012. I (parent/guardian) _____ understand that the West Texas Area Health Education Center (AHEC) is not responsible for illness or accidental injuries to such minor that occur during participation in the 2012 Leadership Development Conference.

Signature of Parent/Guardian:

Return Form



July
25-27

Texas
Tech
University
Health
Sciences
Center:

Lubbock
Campus

Cost: \$50*

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Authorization for Emergency Medical Treatment of Minor

As parent/guardian of such minor, I certify that I have the power to consent to medical treatment of such minor. In my absence, I authorize treatment and consent to emergency medical treatment deemed necessary for such minor who, while participating in the Leadership Development Conference.

Specific Medical Information:

(Allergic reactions (medications, foods, plants, insects, etc.)

(Immunizations: date of last tetanus/diphtheria immunization)

(Current medications)

(Any physical limitations)

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition.

You should also be aware of these special medical conditions of this child. Please attach a clear description to this form

Signature of Parent/Guardian:

Return Form

Phone: (806) 743-1338
Fax: (806) 743-4510
C.felton@ttuhsc.edu



WEST TEXAS AHEC: LEADERSHIP DEVELOPMENT CONFERENCE

Leadership Self Assessment

Please take your time and put forth though into this section: As it will help us to evaluate you prior to the conference:

- ◆ If you need more space please use an additional sheet or
- ◆ If you would like to attach additional documents (i.e. resume) please feel free to

Extra- Curricular

Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Awards/Honors

Dates

_____	_____
_____	_____
_____	_____

Employment/Volunteer

Dates

_____	_____
_____	_____
_____	_____
_____	_____

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Leadership Self Assessment

Please Rate your self below on a scale of one (1) to ten (10) with ten (10) being the best and one (1) being the worst. If you feel the need to add a comment please do so.

Trait	Score	Comments
Punctuality		
Leadership		
Teamwork		
Ability to work alone		
Attitude		
Ability to communicate		
Self-Starter		
Sense of responsibility		

ESSAY:

Please attach or enclose a two to three page double spaced essay that discusses the following:

Explain how local leadership or being a leader impacts you in your personal, school, or community life and explain the significance of this to yourself, your family, your community, or your generation.

This writing sample will be evaluated by professional staff and used as an aid for you.

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RELEASE FOR MEDIA PURPOSES

I hereby release and authorize West Texas AHEC Program (WTAHEC) and the Texas Tech University Health Sciences Center ("TTUHSC") to use my name, photograph, voice, video image, or other likeness for publicity, marketing, and/or any news related programs, for the purpose of [specify purpose, including title, if any, of project or activity].

I understand that my name, photograph, voice, video image, or other likeness may be copied and distributed by means of various media, including but not limited to video presentations, newspapers, television, radio, news bulletins, mail outs, billboards or signs, brochures, and/or internet or intranet websites, without any further authorization or notice to me.

I understand that TTUHSC and its employees, agents and personnel acting on its behalf, cannot warrant or guarantee that upon use of my name, voice, photograph, video image or likeness any further dissemination of my name, photograph, voice, video image or likeness will be subject to TTUHSC supervision or control. Accordingly, I agree that TTUHSC shall not be held responsible for the final use of the image by any outside media or user or by other third parties, and I hereby release and hold harmless TTUHSC, its employees, agents and personnel acting on its behalf from any and all liability for damages of whatever kind of nature which may at anytime result from this release and authorization or from the dissemination of my name, photograph, video image or likeness.

I understand that I shall receive no compensation for this release and authorization and waive any and all rights, compensation, royalties, or other payment in connection with the use of my name, voice, videotapes, photographs and images.

I represent that I am at least 18 years of age and that I have read this document.

_____ Subject's Printed Name	_____ Subject's Signature
_____ Address	_____ City, State and Zip Code
_____ Phone Number	_____ Date
_____ Witness Signature	_____ Date

IF THE SUBJECT IS NOT 18 YEARS OF AGE, PLEASE COMPLETE THE FOLLOWING:

Relationship to the Subject (Parent or Legal Guardian): _____

Parent or Legal Guardian's Name and Signature

Date

Witness Name and Signature

Date

Official Use Only:

If the subject is a TTUHSC patient, please make sure that the individual signs this form in addition to the HIPAA Authorization for Release of Patient Information form. If the subject is a TTUHSC student, it may be necessary for the subject to sign a FERPA Student Authorization to Release

Return Form

*Payment should be made to West Texas AHEC

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WEST TEXAS AHEC: LEADERSHIP DEVELOPMENT CONFERENCE

Conference Participant Agreement Statement 2012 West Texas AHEC: Leadership Development Conference Texas Tech University Health Sciences Center Lubbock, Texas, July 25-27, 2012

July
25-27

Conference Participant Agreement Statement

As a Conference attendee, I agree to be well behaved and respectful to all presenters and chaperones.

I understand that my parents will be called and asked to come get me (at their own expense) if I become a disciplinary concern or if I break the rules and regulations of the conference.

In additional, I agree to actively participate in all of the activities that have been planned out for the conference, unless a condition prohibits me from such.

Student Signature

Date

As the parent/guardian of the attendee, I agree to go over the conduct and behavior standards that have been laid out for this conference.

Parent/guardian Signature

Date

Return Form

Please return all forms marked **RETURN** to either your local AHEC Center or to the West Texas AHEC Program Office
3601 4th St. MS 6232
Lubbock, TX 79430



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SAFETY AND CONFERENCE ATTENDEE RESPONSIBILITY

- ◆ All teens are expected to be at every session and event on time. Getting up on time is your responsibility. Tardiness will not be accepted as ample time will be provided.
- ◆ Curfew is 11:00 PM. No one is allowed to leave their dorms after 11:00 PM, without the permission of their chaperone. All teens should be in their rooms for room check.
- ◆ Lights are to be out no later than 11:30pm. Unless an authorized activity has been scheduled by the staff.
- ◆ No cell phone use will be permitted during presentations or activities. There will be time during the day for you to contact friends and family.
- ◆ Teens are responsible for maintaining their rooms in a healthful and safe condition and for leaving their rooms in decent condition when they check out- this means more than simply having the walls still standing. You will not be allowed to check out of the dorm until your room passes inspection.
- ◆ The use or possession of firearms, weapons or fireworks is prohibited and no alcoholic beverages or illegal drugs are allowed at any time. Any infraction of this type will be turned over to the appropriate local police department for appropriate action.
- ◆ Check out time will be 11:30 a.m. on Friday, July 27th. EVERYONE must be checked out and have everything out of the rooms. The rooms will then be inspected and approved by the staff

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ITEMS TO BRING:

- ◆ Comfortable summer clothes and closed toed shoes.
- ◆ Bring a pair of clothes that can get dirty
- ◆ No halter tops or short shorts or other inappropriate clothing
- ◆ A hats if desired, and only be worn outdoors.
- ◆ Swimsuit and gym wear
- ◆ A good attitude that is ready to expand on leadership, communication and team building skills.

INSURANCE:

Parental insurance will be primary.

ROOM ASSIGNMENTS: Assignments will be at the discretion of the director and chaperones. 2 people to each room. Each teen will be issued a room key. There will be a \$50.00 charge for lost keys. Dorm rooms should be kept locked at all times, even if you are going to cafeteria, or to another room. TTUHSC nor AHEC is responsible for loss of personal property in the room due to fire, theft, and interruption of water, heat, utilities or other causes.

DAMAGES:

Any intentional damage, or damage that occurs through unnecessary roughness on the part of a student, will be the responsibility of the attendee and his/her parents or guardians.

PERMISSION TO LEAVE CONFERENCE

Attendees will not be excused from conference sites during the day, unless already authorized. Anyone planning to pick up an attendee during the conference will have to personally contact the director and show proper identification.

UNACCEPTABLE BEHAVIOR:

Attendees are warned about unacceptable behavior once, and if a second warning is required, teens will be calling parents to explain why they are being dismissed from the conference. There will be no refund of any tuition fees if a teen is dismissed from conference as a result of disciplinary action. It will be at the parent's expense and responsibility to get you home from Lubbock.

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