

Girls Run the World

Summer Leadership Program

Conducted by C.H.A.N.G.E. Enterprises, Inc.

We are so excited that your future leader will be participating in the Girls Run the World Summer Leadership Program on **July 29-31, 2014!**

For your planning purposes, the day program will run from **8:30am-4:00pm in the Walter N. & Henrietta B. Ridley New Student Center located on the campus of Elizabeth City State University** (1704 Weeksville Road, Elizabeth City, NC 27909). The schedule of activities is also provided for additional details. Check-in will be held on the 2nd Floor of the Center. For overnight participants, the evening program will begin immediately after the day program ends.

The registration packet includes several forms to be completed by all participants and sent back by July 21, 2014. For overnight participants the lodging fee of \$65 and the Residential Form is due by the same date. ALL forms must be completed for your student to participate in the program. Forms may be submitted by e-mail to change1enterprises@gmail.com or faxed to 252-335-3770. Forms and payment may also be submitted directly to our Program Director, Mrs. Melba Smith or her assistant at the Telecommunications Building located on the campus of ECSU. Payment may be made in cash, check, or money order made payable to C.H.A.N.G.E. Enterprises, Incorporated.

The following will help prepare participants for this fun, exciting, and educational program.

For All Participants:

- ✓ Comfortable and appropriate attire and sneakers (Bring a sweater - just in case it gets chilly)
- ✓ Open mind
- ✓ Creative thinking
- ✓ Positive attitude

Overnight Participants: Please see Overnight Checklist included in the registration packet.

Cell Phone Policy: Please note that cell phones are allowed, but are discouraged during the day and evening programming sessions/activities. There will be an opportunity for overnight participants to call home in the evening.

For emergencies or late arrivals, please contact (by calling or texting) any of the numbers in the POC section below.

Program POCs:

Melba Smith 757.752.0973

Jametta Davis 703.899.0482

Shavonta Green-Floyd 703.798.6303



Girls Run the World

Summer Leadership Program Schedule

July 29-31, 2014

Day 1

The Power of Me!

- 8:30AM** *Arrival/Registration
Welcome/Introductions/Breakfast*
- 10:00AM** *Session #1: Who Do YOU Think You Are?
The Importance of Self- Worth and Confidence*
- 11:00AM** *Session #2: Myths of the Media (Portrayal of Women in the Media)*
- 12PM** *Lunch*
- 1:00PM** *Exercise Break*
- 1:15PM** *Session #3: Mirror, Mirror on the Wall-Facing Ourselves (Confidence Building)*
- 3:15PM** *Snack*
- 3:30PM** *Discussion/Reflections/Journal*
- 4:00PM** *Pick-up/Dismissal of Day Program Participants
Overnight Participants Travel to Dorm*

Day 2

The Leader in Me!

- 8:15AM** *Radio Station Interview
**Participants Meet at ESCU Radio Station (Williams Hall Room 160)*
- 8:45AM** *Welcome/Introductions/Breakfast*
- 9:30AM** *Session #1: What is Leadership?*
- 10:45AM** *Session #2: Introduction to Leadership Success Tools*
- 11:45** *Exercise Break*
- 12:00** *Lunch*
- 1:00PM** *Session #3: Personality and Leadership Style*
- 2:00PM** *Bowling (On Campus)*
- 3:15PM** *Snack*
- 3:30PM** *Discussion/Reflections/Journal*
- 4:00PM** *Pick-up/Dismissal of Day Program Participants
Overnight Participants Travel to Dorm*

Day 3
Yes, I CAN!

8:30AM	<i>Welcome/Breakfast/Recap</i>
9:15AM	<i>Leadership Success Tool Mini-Sessions Part I</i>
12:00PM	<i>Leadership Exercise</i>
12:15PM	<i>Lunch</i>
1:15PM	<i>Leadership Success Tool Mini-Sessions Part II</i>
2:00PM	<i>Leadership Vision Statements</i>
2:30PM	<i>Leadership Gauntlet (Leadership Exercise)</i>
3:00PM	<i>Culminating Activity</i>
4:00PM	<i>Pick-up/Dismissal</i>



SUMMER PROGRAM AUTHORIZATION FORM

UNCONDITIONAL AND FULL GENERAL RELEASE & COVENANT NOT TO SUE

Program Name: Girls Run the World Leadership Program | Program Date: July 29-31, 2014

This is to be read and signed by all participants using Elizabeth City State University (the "University") facilities and/or participating in any program on the Elizabeth City State University sponsored program (the "Program") and their parent/guardian. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU OR YOUR CHILD MAY HAVE IF YOU OR YOUR CHILD ARE INJURED OR OTHERWISE SUFFER DAMAGES PARTICIPATING IN THE PROGRAM. In return for Elizabeth City State University allowing me/my child to participate in the Program and other good and valuable consideration, I agree, and state, on behalf of myself, my child, my heirs, assigns, executors and others, as follows:

- 1. This Release and Covenant Not to Sue contains the entire agreement between the University and myself/my child, and supersedes any previous communications and/or agreement whether verbal or written, with respect to the subject matter of this Agreement.
2. I am competent to read and sign this "Unconditional and Full General Release and Covenant Not To Sue."
3. That I/my child understand/s that I/my child am/are participating in the Program voluntarily and the Program is not required by the University. I/My child understand that participation in the Program is a privilege and that this privilege is a tangible benefit.
4. That I/my child am/are familiar with and will obey, any and all of the policies established by the University located at http://www.ecsu.edu/administration/legal/docs/policymanual.pdf.
5. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in the Program (e.g., any program physical or other activities) which could result in property damage and/or personal injury (e.g., sprains, broken bones, bruises, sunburn, heat related illness, or other serious injury, etc.), including death; and I/my child agree to accept all risks whether present or future, known or unknown, arising from or as a result of my participation in the Program.
6. That I/my child WILL HOLD HARMLESS AND INDEMNIFY ELIZABETH CITY STATE UNIVERSITY, its officials, administrators, employees and C.H.A.N.G.E. Enterprises, Incorporated, and all sponsors and individuals assisting in the Program for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/ my child's participation in the Program.
7. That I/my child agree/s to assume all costs related with my/my child's participation in the Program, including but not limited to repair/replacement costs for property damage caused by me/my child, or medical expense.
8. That I understand and affirm that I/my child is/are healthy and reasonably fit in order to safely participate in the Program.
9. That in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Program, I hereby give permission to a Physician selected by the Program's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child.
10. That I/my child have read and understand this "Unconditional and Full General Release and Covenant Not To Sue."

Medical Release

I understand that in the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the University Summer Program or an affiliated Summer Program hosted at the University, I hereby give permission to a Physician selected by the Program's personnel to hospitalize, secure proper treatment for, and to take whatever medical actions are necessary to treat me/my child. I assume total responsibility for all costs associated with such medical treatment.

Emergency Contact Information:

PARENT/GUARDIAN OF PARTICIPANT: ADDRESS: CONTACT NUMBERS: PRIMARY SECONDARY CITY: STATE: ZIP: NAME OF INSURANCE COMPANY: POLICY NUMBER: PLEASE LIST ANY HEALTH CONCERNS OR ALLERGIES:

Photographic Consent, Waiver and Release

For Consideration received, I/We hereby release and discharge the University from any and all claims and demands arising out of or in connection with the use of my photograph/my child's photograph, name, likeness or voice, including without limitation any and all claims for libel or invasion of privacy. This confirms that I am of full age and have the right to contract in my own name/my child's name. This acknowledges that I have read the foregoing and fully understand the contents thereof. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Participant Signature Date

Parent/Guardian Signature Date

Full Name (Printed)

Full Name (Printed)



Medical/Health Information and Emergency Contact Form

Participant's Name _____

Last First Middle

Address: _____

Street City State Zip

Telephone: (____) _____ - _____ Birth Date _____ Age _____

Parent/Guardian _____

Last First Middle

Address: _____

Street City State Zip

Work Telephone (____) _____ - _____ Cell Phone (____) _____ - _____

Home Telephone (____) _____ - _____

IN CASE OF EMERGENCY CONTACT:

Name _____

Best Contact Number: _____

Name _____

Best Contact Number: _____

Name of Health Insurance Company and Policy Number: _____

Please list any health issues of concern: _____

Allergies: _____

Hospitalization and physician fees are the responsibility of parents/guardians.

List any medication(s) that your child should take during the program:

Medication	Dosage	Time To Take (Day/Night/Time)

Medication Administration Release (Only Initial If Confirming Authorization)

I give permission for my child to self-administer the medication listed above during the program. _____

Parent/Guardian Signature _____ Date _____



Food Allergies/Restrictions Form

Name of Participant _____

To help ensure any special dietary needs/restrictions are considered during our program, please check the statements and answer the questions below:

I have NO food restrictions/allergies/or special considerations.

IF YOU CHECK THE ABOVE BLOCK STOP HERE.

I eat the following kinds of meat. (Check all that apply)

Beef Pork Chicken/Poultry Fish (Tuna)

I am a vegetarian. (No meat of any kind- beef, pork, poultry, fish.)

I am a vegan. (No animal products of any kind.)

Other. Please Explain: _____

Additional information:

I am lactose intolerant. (Can't have dairy)

I am gluten- free.

I have food allergies.

List Food Allergies Below (Examples: Nuts, Strawberries, etc):

How severe is your reaction to any of the foods listed above? Do you experience mild irritation or an extreme allergic reaction (anaphylaxis)?

Other information about your food preferences that you want to share?
