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April 2019

**Dear Parent/Guardian,**

Your child has expressed interest in The Youth Empowerment-Leadership Program (Y.E.L.P.), a 5-week empowerment and personal development program for teens in the Bozeman and Belgrade area.

**Program Dates and Times: 3-Day workshop**

**Friday April 26th 5.00pm – 10.00pm**

**Saturday April 26th 9.00am – 9.00pm**

### **Sunday April 26th 9.00am – 5.00pm**

**5 follow-up sessions: Wednesdays - 6.00pm – 9.00pm**

 **May 1st, 8th, 15th, 22nd and 29th.**

***Location:******Holiday Inn Express, 2305 Catron Street, Bozeman, MT.***

During the YELP three-day weekend and the five evening follow-up sessions, your child will participate in a variety of processes and activities in which they will be challenged to work through beliefs, habits and attitudes that may be holding them back and learn from past situations to improve their choices and behavior. They will be supported in applying what they are learning by constructing effective skills to respond to present and future challenges. They will also have the opportunity to develop positive, healthy relationships with other young adults as well as adults from the community.

***The workshop cost is $450.00***

***\*\*All meals and snacks are provided.***

Please feel free to contact us with any questions or concerns you may have.

Wayne Mortimer

Program Director, Manaia Youth Programs

***\*A parent information night will be held on Wednesday,***

***April 17th from 6-7pm at the Holiday Inn Express, 2305 Catron Street, Bozeman, MT.***

* **Please complete and return the attached application and waiver to**

 **One Degree Education, 405 W. Olive Street, Bozeman, MT, 59715.**

Ph: (406)582-7994 www.onedegreeeducation.com Email: onedegreed@gmail.com

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### **Youth Empowerment & Leadership Program (Y.E.L.P.)**

The program targets young adults ages 14-20, and also incorporates adults from the community who provide role modeling and additional support. Y.E.L.P. begins with three days of interactive processes, activities and conversations that focus on the day-to-day issues we all face in our development as individuals. These issues are not typically covered in the school curriculum and may or may not be addressed in the home. Teenagers in their natural development find themselves in a place of questioning parents and adults; they are formulating their own identity and so their peers are a big influence in their life. Our program supports this dynamic and guides those learning experiences so that participants share their knowledge and skills with the group and develop the tools that best work for them.

**The Y.E.L.P. process:**

Our workshops are a combination of conversations, activities and processes done in large and small groups and Dyads (pairs). A combination of audio, visual and kinesthetic learning methods (experiential education) engage participants in a comprehensive way that allow them to discover the options that best work for them. Over the course of the five weeks we create an atmosphere of safety and trust that allow participants to fully engage and build strong connections with each other. We listen to and validate their opinions and emotions, allowing them to see their own value. Once they feel that they belong and the level of personal stress is reduced, individuals are then free to fully express themselves in a positive and healthy way. This creates an opening for support at both academic and personal levels

**Y.E.L.P. covers the following areas:**

* Communication skills: verbal and non-verbal
* Judgements and stereotypes
* Self-image and low self esteem
* Drug and Alcohol issues
* Conflict – causes, effects and how to deal with conflict
* Understanding and accepting other points of view (empathy)
* Limiting beliefs and attitudes
* Personal responsibility
* Choices- being able to see all the choices available
* Trust – self and others (acceptance)
* Problem solving skills
* Goal setting skills

*An important factor is that all participants are at the workshop by their own choice. Choosing to do the program is the first step in empowerment.*

*Our staff works with the youth to let them see the power of choice and how it translates to them being in control of their life.*

**40 total workshop hours:**

3-day workshop followed by five, 3-hour follow-up sessions held once a week

#### Day One 5 hours

#### Day Two 12 hours

#### Day Three 8 hours

 5 follow-ups 15 hours

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**P A R T I C I P A n t A P P L I C A T I O N**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One personal long-term goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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One educational goal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who you live with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**pRIMARY pARENT /gUARDIAN INFORMATION:**

NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**aDDITIONAL pARENT /gUARDIAN INFORMATION:**

NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**eMERGENCY CONTACT:**

NAME(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (evening) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEALTH HISTORY:**

Has the participant had any of the following health problems?

Hernia/s Yes No

Mononucleosis or anemia Yes No

##### Asthma Yes No

##### Epilepsy Yes No

Diabetes Yes No

Chronic or recurrent illness Yes No

Problems with heart or blood pressure Yes No

Chest pain with exercise Yes No

Dizziness or fainting with exercise Yes No

Frequent headaches, convulsions, dizziness or fainting Yes No

Heat exhaustion, heat stroke or other heat problems Yes No

The need to wear glasses or contacts Yes No

Hearing loss left ear \_\_\_\_ right ear \_\_\_\_ Yes No

Has the participant had a history of:

Neck injury/pain Yes No

Knee injury/pain Yes No

Back injury/pain Yes No

Drug/alcohol abuse Yes No

Smoking, # per day \_\_\_\_\_ Yes No

Has the participant had a tetanus shot? Yes No Date of last shot? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Is the participant allergic to any medications? Yes No

If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the participant have other allergies? Yes No

 If so, please list:

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Is the participant currently taking any medications? Yes No

 If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the participant have any other medical problems that we should be aware of? Yes No

If so, please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEDICAL INSURANCE:**

Name of Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Policy Holder\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL RELEASE:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Manaia staff to transport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to an appropriate medical facility for medical treatment, in the case of an injury or illness when the parent or guardian is not present or cannot be reached.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

(if participant is under 18 years of age)

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed application to:**

**One Degree Education, 405 W. Olive Street, Bozeman, MT, 59715.**

Ph: (406)582-7994 www.onedegreeeducation.com Email: onedegreed@gmail.com

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**Required Legal Document**

**Release and Waiver of Liability**

Participants Name:

Address:

Phone:

Emergency Contact Name:

Phone: Day Evening

This Release and Waiver of Liability is executed in favor of One Degree Education a State of Montana llc corporation, its Board of Directors, staff, and volunteers.

The participant and guardian do hereby freely, voluntarily, and without duress, execute this release under the following terms.

1. **Waiver and Release.** Participant and guardian do hereby release and forever discharge and hold harmless One Degree Education, its Board of Directors, staff, and volunteers, their 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 form the participant’s involvement with Manaia – Youth Programs.
2. Participant and guardian understand that this release discharges One Degree Education, its Board of Directors, staff, and volunteers, their successors from any liability or claim that the participant and guardian may have against One Degree Education with respect to any bodily injury, personal injury, illness, death or property damage that may result from participant’s participation in One Degree Education, even if caused by the negligence of One Degree Education or its staff and Team Leaders. Participant and guardian also understand that One Degree Education does not assume any responsibility for or obligation to provide financial assistance or, including but not limited to medical, health, or disability insurance, in the event of injury or illness.
3. **Medical Treatment.** Participant and guardian do hereby release and forever discharge One Degree Education from any claim whatsoever that arises or may hereafter arise on account of any first aid treatment or service rendered in connection with the participant’s participation in One Degree Education or with the decision by any representative, staff or Team Leader of One Degree Education to exercise the power of consent to medication or dental treatment, as such power is granted and authorized by the participant signature and/or parent or guardian signature below for treatment of a minor.
4. **Assumption of risk.** The participant and guardian understand that the participation in One Degree Education may include activities that may be hazardous to the participant, including, but not limited to, running, jumping, and other physical activities.

Participant and guardian hereby expressly and specifically assume the risk of harm in these activities and release One Degree Education from all liability for injury, illness, death, or property damage resulting for the activities of the participant’s participation in One Degree Education.

1. **Insurance.** The participant and guardian understand that, except as otherwise agreed to by One Degree Education; One Degree Education does not carry or maintain health, medical or disability insurance coverage.
2. **Photo Release.** The participant and guardian do hereby give full consent to One Degree Education to copyright or publish all photographs, videos, or audio recordings in which the participant may appear. The participant and guardian do further agree that One Degree Education may transfer, use or cause to be used, these photographs for any exhibitions, public displays, publication, commercial, art and advertising purposes, and television programs without limitations or reserve. The participant and guardian do hereby understand that any royalties, proceeds or other benefits derived form such photographs or recordings shall remain One Degree Education’.
3. **Other.** Participant and Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Montana, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Montana. Participant and Guardian agree that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

\*Please write legibly.

Participant Signature Date

Parent/Guardian Signature Date

(Required if under 18)

 \_\_\_\_\_\_

One Degree Education Witness Signature Date

Ph: (406)582-7994 www.onedegreeeducation.com Email: onedegreed@gmail.com