



Jack and Jill of America, Inc.
Nassau County Chapter

Teen Leadership Summit



SUNY - College at Old Westbury

Saturday, January 10, 2015

9:00 A.M. – 5:00 P.M.

FREE to all participants

Registration Deadline: Monday, November 24, 2014

Eligibility: High school students in grades 9 through 12 who complete and return the Registration Form by the deadline date. Parents of registered students may attend the afternoon Parent Workshops.

Description: The annual Teen Leadership Summit is a unique experience that will help local high school students in our community develop a personal sense of the responsibility necessary for academic success as well as provide college guidance and exposure to a variety of careers. The goal of the Teen Leadership Summit is to help students develop the skills needed to navigate through their high school years and move successfully into college or other endeavors.

The one day program will include workshops by guest speakers who will conquer subjects such as: Leadership Development, Financial Literacy, Time Management, Presentation and Interviewing Skills, Teen Relationships, The College Admissions Process, Financial Aid, and Career Exploration.

Parent Workshops will focus on College Financing Resources, Tips on Helping Your Child Navigate High School and College Admissions, and more.

Meals: Breakfast and lunch are provided for students at no charge.

Materials: Students will be provided with all necessary materials for each of the workshops and panels.

Space is limited. We reserve the right to close registration once capacity is reached.

Registration Forms must be postmarked no later than Monday, November 24, 2014

Please complete and mail registration packet to address below:

Jack & Jill of Nassau County P.O. Box #1651, Baldwin, NY 11510

Questions? Contact Brigitte Bailey at jjncteensummit@gmail.com

Jack and Jill of America, Inc.
Nassau County Chapter Teen Leadership Summit
Participant Registration

(Please PRINT)

Student Name:		
Home Address:		Cell Phone:
		Home Phone:
Email Address:		Preferred method of communication? Circle One: text email call cell call home
High School:		Grade:
Parent/Guardian Name:		Parent/Guardian Cell Phone:
Parent/Guardian Email:		Parent preferred method of communication? Circle: text
2 nd Emergency Contact Name:		Phone:
		Relationship:
Transportation:	We <u>may</u> be able to provide free bus transportation to the Teen Summit. Do you need to reserve a seat on the bus? YES NO	

Please choose () 4 of the following workshop topics in preference order from 1-4:

Advertising/Marketing/ Social Media ()	Architecture ()	Business - Entrepreneurs/Business Ownership ()
Business- Finance & Insurance ()	Computers/Information Technology ()	Education ()
Engineering ()	Government ()	Health and Medicine ()
Human Resources and Organizational Management ()	Journalism, Media, Public Relations ()	Law ()
Skilled Trades ()	Sports ()	Visual and Performing Arts ()

Workshops subject to change based on number of participating students.
If you do not choose 4 workshops, missing workshops will be assigned.

CONSENT AND RELEASE

I am the Parent/Guardian having legal custody of the above named student. I hereby grant permission for my child to participate in the Jack and Jill -Nassau County Chapter Teen Leadership Summit (the "Teen Summit").

I give permission to Jack and Jill of America, Inc. Nassau County Chapter to use any pictures or videos taken of me or my child(ren)/dependents during the program for advertising or future promotional campaigns.

I hereby agree to hold harmless and release Jack and Jill of America, Inc. and Jack and Jill of America, Nassau County Chapter, its officers, members, employees and agents from any claims of damage arising from my child's participation in the Teen Summit. I have signed this Release with full recognition and appreciation of the risks of any such activity.

I agree that The State University of New York - College at Old Westbury personnel assigned to the Teen Summit is granted permission to authorize emergency medical treatment if necessary.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions for this child, that I am fully informed as to the contents of this document and understand the import of this grant of powers and that I am fully competent to sign this Release and Authorization.

Parent/Guardian Name (Print or Type)

Signature of Parent

Date