

# "Global Youth Entrepreneurship Summit 2015"



## STUDENT REGISTRATION FORM

**Camp Session Dates: July 20, 2015- July 24, 2015**

This registration form is also accessible online at:  
<https://www.csuohio.edu/business/gyes-2015>

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

**Preferred name to be called (will be used on name tag):** \_\_\_\_\_

**Camper Email:** \_\_\_\_\_

**Camper Home Address:** \_\_\_\_\_

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

**County:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_

**Parent/Guardian e-mail:** \_\_\_\_\_

Please check your preferred method of communication regarding camp details. We prefer e-mail to conserve resources for the camp and the environment; however, we realize it might not be convenient for everyone, so please choose:

Email  Phone  Mail

**Indicate the size of CHILD'S t-shirt preference:**

Small  Medium  Large  X-Large

**Registration is contingent upon receipt of the completed application that needs to include the following (verify before mailing/emailing):**

- A completed application (Six Completed Pages including Emergency Information/Medical Authorization Form, Medical Form, Waiver & Release of Liability, Health Insurance Card (If Applicable), Child Photo, Full Payment), mailed to:  
Attn.: Starlyn H. Priest MBA, Sr. Managing Partner  
Kestada Strategy Consultants LLC  
RE: GYES2015 Registration  
P.O. Box 24120 Cleveland, OH 44124

Student Registration Form Cont'd

**\$325** Camp payment should be made payable via check or money order to **Kestada Strategy Consultants LLC**, or submit the enclosed form to process a credit card payment.

- A \$25.00 Multi-child discount will be applied for each additional child registered per household.
- Before and after-care will be provided for an additional \$35.00/student
- If parents are interested in being considered for 1 of 2 scholarship awards ((1) Full Fee or (1) 50% Scholarship)), they must also have their child submit a response to the short essay prompt below.

**Essay Prompt:** Why would you like to attend the Global Youth Entrepreneurship Summit 2015 camp?

Attach a photo to the Emergency Information & Authorization Form.

Camper Medical Form

How did you hear about Global Youth Entrepreneurship Summit 2015? \_\_\_\_\_

**We (student and signed parent/guardian) understand that I must attend camp during Session I (June 22– 26, 2015), and that refunds for any reason for students accepted into Global Youth Entrepreneurship Summit 2015 will not be made after one week prior to the start of camp.**

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

**Required:** Camper Photo  
(school picture/ headshot preferred)  
**Attach here**

# EMERGENCY INFORMATION & AUTHORIZATION FORM

**Camper's Last Name:** \_\_\_\_\_

**Camper's First Name:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**If parents reside together complete mother's section and write "same" in Father's area where applicable.**

Mother's Name:	Father's Name:
Street Address:	Street Address:
City:	City:
State:                      Zip:	State:                      Zip:
Email:	Email:
Home Phone:    (    )	Home Phone:    (    )
Cell Phone:    (    )	Cell Phone:    (    )
Employer:	Employer:
Work Phone:    (    )    Ext.	Work Phone:    (    )    Ext.

Who may we contact in an emergency? Both Parents,    Father Only,    Mother Only,    Legal Guardian,    Emergency Contact

Legal Guardian or Emergency Contact: \_\_\_\_\_

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

Email: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**INSURANCE INFORMATION (Please check one)**

- My camper has insurance coverage. Both sides of the health care insurance card are copied and attached to the Medical Form where indicated.
- My camper does not have insurance. I assume any medical costs incurred at camp.

# CAMPER MEDICAL FORM

Camper's Name (print): \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Yes    No Do you have any dietary restrictions? If "Yes," please list:

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

Known allergies: _____
Medications camper will take on her own at camp: _____
Medications to be given to nurse to give to camper: _____
Health Concerns (diabetes, asthma, seizure, ADHD, etc.) _____
Physical Impairments: _____
Date of Last Tetanus Booster _____

Parent(s)/Legal Guardian understands that snacks are provided each day of the program, however students will be expected to bring their lunch from home each day except on Friday of that week.. Please advise on your child's pizza preferences, specifically regarding their individual food limitations.

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

Attach a copy of  
the FRONT of  
your insurance  
card here.

Attach a copy of  
the BACK of  
your insurance  
card here.

# WAIVER & RELEASE OF LIABILITY FORM

## GLOBAL YOUTH ENTREPRENEURSHIP SUMMIT 2015

My child/dependent \_\_\_\_\_, has registered for the 2012 BF Day Camp. I understand all the risks associated with participation in this program. I certify that my child/dependent is physically capable of participating in the Global Youth Entrepreneurship Summit 2015 (Summer Camp) and all related activities. Exceptions are noted on the medical form. I, the undersigned, waive and release Kestada Strategy Consultants LLC, and Cleveland State University, the staff, volunteers and representatives from both entities, of any and all liability, claims, demands, and causes of action arising out of or related to any loss, personal injury, including death, disease, illness, or property loss that may be sustained or occur from participation in or otherwise be associated with the Global Youth Entrepreneurship Summit 2015 (Summer Camp). I have read, am aware, and understand all camp registration documents. I hereby give my consent for my child/dependent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during camp.

I am also aware and understand that valuables are brought to camp at campers' own risk. Any personal items lost or stolen will not be replaced by Kestada Strategy Consultants LLC or Cleveland State University.

I have read and fully understand this release of liability. I sign it of my own free will.

Parent/Guardian Name (Print): \_\_\_\_\_

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

# REGISTRATION METHODS

Forms of payment accepted: Visa, MasterCard, American Express, Discover, PayPal, and Check

**Online:** <https://www.eventbrite.com/e/global-youth-entrepreneurship-summer-camp-2015-tickets-17119012427>

**By Phone:** Call 216-235-4664 between 9:00 AM and 5:00 PM EST M-F  
\*\*\* Payment can be made via credit card over the phone, although convenience fees will apply

**By Email:** Scan and email completed registration form with credit card payment information to [Admin@kestada.com](mailto:Admin@kestada.com)  
\*\*\* Please note that registration will not be processed until payment is received.

**Mail:** Mail completed registration form to the following mailing address:

Attn.: Starlyn H. Priest MBA  
Sr. Managing Partner  
Kestada Strategy Consultants LLC  
RE: GYES2015 Registration  
P.O. Box 24120  
Cleveland, OH 44124

If you are paying by check, please make checks payable to:

Kestada Strategy Consultants LLC GYES2015

Tear Here

## CREDIT CARD PAYMENT AUTHORIZATION FORM

If paying via credit card mail bottom portion of this page with all registration forms and documents.

Name on Credit Card: \_\_\_\_\_ Total Amt. \$ \_\_\_\_\_

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

Card Number:

Exp.   /

Processing Date:   /

Security Code

Billing Zip Code:

Cardholder Signature: \_\_\_\_\_

\*\*\* By completing and submitting this document in addition to the official registration form, I understand that I am authorizing Kestada Strategy Consultants to charge the full amount listed above upon receipt and processing of my registration documents. I also understand that by submitting my payment information I as the signer, assumes complete responsibility with regards to any and all direct or indirect return payment fees incurred by Kestada Strategy Consultants LLC associated with processing this payment information, and/or any fees that I may incur as the signer, resulting from returned payments or overdraft fees from the signer's financial institution. I understand that Kestada Strategy Consultants LLC will not be responsible for any fees or penalties imposed by the signer's institution. Immediately following processing, all payment information provided on this form will be appropriately discarded.