

**M+A+P=S**

Registration Packet

**Disciplines 4 Leadership Communities: MAPS Team Experience  
2022 Registration**

Student or Student/Coach Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (2021-22 school year): \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardians' Name(s): \_\_\_\_\_

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

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Which MAPS: Youth Experience will you attend?  
MAPS: Youth Team Experience

How did you hear about MAPS:  
Youth Team Experience?

\_\_\_\_\_ June 15-16, 2022

\_\_\_\_\_ Facebook

\_\_\_\_\_ June 27-28, 2022

\_\_\_\_\_ Instagram

\_\_\_\_\_ July 5-6, 2022

\_\_\_\_\_ YouTube

\_\_\_\_\_ July 7-8, 2022

\_\_\_\_\_ Internet search

\_\_\_\_\_ July 11-12, 2022

\_\_\_\_\_ Teacher/School

\_\_\_\_\_ Other \_\_\_\_\_

- **2 Day Sessions** begin at 9:30 a.m. on Day 1 and includes 4 meals, snacks, tuition and 1-night dorm lodging. We will conclude at 4 p.m. on Day 2. **Student Tuition: \$160.00; Advisor/Coach Tuition: \$170.00** and includes a private lodge room.
- **Bedding Pack: \$30.00** is available for those who select it. They include a sheet, pillow, blanket and sleeping bag.
- **Payment is due at time of registration unless other arrangements are made. 25% of each registrant's registration is NON-REFUNDABLE. 75% of registration fees are refundable up to 10 days before conference starts.**

Sessions & Services	Camp Fees	Your Camp Fees- Fill in Boxes
MAPS Session	\$160.00	
Bedding Pack	\$30.00	
Advisor/Coach Package	\$170.00	
<b>TOTAL→→→→→</b>	<b>→→→→→</b>	

When registering by mail, please check [www.tlcaurora.org](http://www.tlcaurora.org) for availability. Sessions are limited to 3 teams per session. If sessions fill, a waiting list will be formed and you will be informed. If we are unable to place you in your desired session or another, we will return your deposit.

Students attending D4LC will stay in our dormitory-style cabins, and will need to bring bedding, towels, and toiletries. Cabins are air-conditioned and heated. Download suggested packing list.

Cancellations with refund will be accepted if made before 10 days before the start of each session. No refunds will be made for cancellations after final registration date. Late registration will be allowed only if there is space available and no waiting list. To check availability, please call 402-694-3934.

The Leadership Center is located at 2211 Q Street on the east edge of Aurora on US Highway 34. For details about TLC and all D4LC programs, please visit [www.tlcaurora.org](http://www.tlcaurora.org). If you have further questions, call 402-694-3934 or email [curriculum@tlcaurora.org](mailto:curriculum@tlcaurora.org).

Online registration is also available on [www.tlcaurora.org](http://www.tlcaurora.org), or mail this registration and payment to:  
The Leadership Center, 2211 Q Street. Aurora, NE 68818

Nebraska Vocational Agricultural Foundation/The Leadership Center  
Medical Release Form

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_,  
Parent/Guardian Name Address City  
\_\_\_\_\_, am the \_\_\_\_\_ of \_\_\_\_\_, born \_\_\_\_/\_\_\_\_/\_\_\_\_.  
State Zip Relation Participant's Name Month/Day/Year

I hereby give my consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while \_\_\_\_\_ (participant) is absent from home from \_\_\_\_\_ (beginning date) to \_\_\_\_\_ (ending date).

Parent/Guardian Contact Information

Name	Home Number	Work Number	Mobile Number
Guardian 1: _____			
Guardian 2: _____			

Emergency Contacts (if a parent/guardian cannot be reached)

Name	Home Number	Work Number	Mobile Number
Choice 1: _____			
Choice 2: _____			

Medical Provider Information

	Physician	Dentist
Name		
Practice Name		
Address		
City/State/Zip		
Work Phone		
Home Phone		

Medical insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Name of insured \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to a medical history:

Allergies \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_  
Medication being taken \_\_\_\_\_  
Physical impairments \_\_\_\_\_  
Other pertinent facts to which physician should be alerted \_\_\_\_\_

In a medical emergency, I consent to the Nebraska Vocational Agricultural Foundation/The Leadership Center or appointed agents, his/her or their discretion in using, taking, arranging for or consenting to the procedures or treatment. I agree to indemnify and hold harmless the Nebraska Vocational Agricultural Foundation/The Leadership Center to indemnify members, agents, employees and representatives thereof, for any and all claims, arising from or on account of said procedures and/or treatment rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named member and will not hold the Nebraska Vocational Agricultural Foundation/The Leadership Center responsible in the event of medical emergency.

\_\_\_\_\_  
Printed Name (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Nebraska Vocational Agricultural Foundation/The Leadership Center  
Dietary Needs Form

Should attendee have any special dietary requirements during their time at MAPS: Youth Team Experience, please fill out the following form. These will be shared with our Kitchen Manager to ensure the attendee's needs are met. Thank you.

1. Do you have any special dietary needs we need to be aware of:

\_\_\_\_\_ No \_\_\_\_\_ Yes  
*\*If No, no further information is needed.*

2. Please check options that apply to you:

If Vegetarian, please specify:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan  
\_\_\_\_\_ Eggs ok \_\_\_\_\_ Fish ok  
\_\_\_\_\_ Dairy ok \_\_\_\_\_ Veggies only

3. Please check the following item which you prefer.

_____ Peppers	_____ Beans	_____ Tofu
_____ Tomatoes	_____ Avocado	_____ Nut Milk
_____ Onion	_____ Squash	_____ Soy Milk
_____ Garlic	_____ Zucchini	_____ Coconut Milk
_____ Broccoli	_____ Cabbage	
_____ Cauliflower	_____ Carrots	
_____ Brussel Sprouts	_____ Pasta	
_____ Corn	_____ Rice	

4. Please check items which are an issue.

_____ Lactose Intolerant	_____ Gluten Intolerant	_____ Tree Nuts/Nuts
_____ Colitis	_____ Diabetic	_____ Other-List below

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

Please list any food allergies below: \_\_\_\_\_

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

5. If there is any further information you feel the Chef needs to know for meal planning or preparation, please make note if it here.

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

Name: \_\_\_\_\_

MAPS: Youth Team Experience Session: \_\_\_\_\_

Contact Information if Kitchen Manager has questions: \_\_\_\_\_

Nebraska Vocational Agricultural Foundation/The Leadership Center

# Conduct Agreement and Photo/Video Release

General Behavioral Expectations

All participants in an event or activity sponsored by the Nebraska Vocational Agricultural Foundation/The Leadership Center are prohibited from involvement in unsafe, irresponsible, and/or illegal conduct. You must abide by the following rules and regulations:

1. I will be well groomed and dress appropriately. I will not wear distasteful/suggestive clothing or shirts with beer/tobacco advertising on them.
2. I will not be in the sleeping room of a member of the opposite sex. Failure to abide by this rule will result in immediate dismissal from the conference/activity.
3. I will not have in my possession or use drugs, alcohol or tobacco at any time during the conference/activity.
4. I will follow the instructions given by the staff of The Leadership Center.

The Nebraska Vocational Agricultural Foundation/The Leadership Center reserves the right to immediately terminate from the conference/activity, anyone who is found to have violated these behavioral expectations. Students terminated from the conference/activity will be sent home at their own expense and will be responsible for all other expenses associated with their termination. Registration fees will not be reimbursed. My parent(s)/guardian(s) will be notified.

## Personal Conduct Agreement

1. I understand that the Nebraska Vocational Agricultural Foundation/The Leadership Center reserves the right and I agree that the Nebraska Vocational Agricultural Foundation/The Leadership Center has the right to immediately terminate my participation at the sole discretion of the Nebraska Vocational Agricultural Foundation/The Leadership Center, through its representatives, if I engage in behavior that is unsafe, irresponsible, illegal or otherwise contrary to the Nebraska Vocational Agricultural Foundation/The Leadership Center policy as expressed above.
2. I further understand and agree that if my participation is terminated pursuant to the preceding paragraph, (a) I will be solely responsible for all costs associated with my early termination, including travel expenses, and (b) I will not be entitled to any refund or money I have paid to the Nebraska Vocational Agricultural Foundation/The Leadership Center for participation fees.
3. I agree to allow the Nebraska Vocational Agricultural Foundation/The Leadership Center and its representatives to make reasonable, unannounced searches of my living quarters and personal belongings if the Nebraska Vocational Agricultural Foundation/The Leadership Center reasonably suspects that I am violating the behavioral expectations set forth in this Agreement and other applicable Nebraska Vocational Agricultural Foundation/The Leadership Center publications.

By signature below, I acknowledge that I have read this Personal Conduct Agreement understand the behavioral expectations and agree to abide by those behavioral expectation, and agree to each of the above paragraphs.

## Photo/Video Release

Nebraska Vocational Agricultural Foundation/The Leadership Center may on occasion take photographs and /or video of its members or program participants for use in print materials or by electronic methods. Your entry into The Leadership Center facilities, participation in The Leadership Center and affiliated programs or participation in The Leadership Center and affiliated events grants permission for the Nebraska Vocational Agricultural Foundation/The Leadership Center to use these photographs and/or videos in marketing and public relations efforts.

\_\_\_\_\_  
Printed Name (Participant)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If the participant is not 21 years of age, a parent or legal guardian of the participant must sign below. In exchange for my child or ward being allowed to participate in the Nebraska Vocational Agricultural Foundation/The Leadership Center conference/activity and as the custodial parent(s) or legal guardian(s) of the above mentioned individual, I verify that I fully understand, agree to, and accept all provisions and obligations set forth in this Personal Conduct Agreement and Photo/Video Release.

\_\_\_\_\_  
Printed Name (Parent/Guardian)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date