



2015 Student Return Packet

ECLI 2015



Dear Student,

CONGRATULATIONS! You have been admitted to the 2015 Eddie Conway Liberation Institute (ECLI) at Coppin State University! We're extremely excited to have you participate in ECLI. This summer promises to be fun and exciting for everyone! **Please read this letter and packet carefully because it has important information about your attendance at camp.**

The payment agreement (and the initial deposit) must be sent to us by **June 1, 2015**. All other forms (and the remaining tuition balance) must be received by **July 1, 2015**. If you can not meet these deadlines on time, you will lose your spot at the institute.

Please **mail** all of these documents directly to this address:

Leaders of a Beautiful Struggle
235 Holliday St.
Baltimore, MD 21202

You can also **scan and email** all of these documents to eclidebate@gmail.com.

Attached you will also find a list of frequently asked questions and other important information about ECLI. Please look over these documents with your parents so that you can know what to expect at ECLI. I will email you any updates or changes.

If you are on social media, you can follow us on Twitter and Instagram at @ECLIDebate or 'Like' us on Facebook at www.facebook.com/ECLIDebate. We'll be posting information, pictures, video and other media about ECLI.

If there are any issues with returning these forms, please contact me directly either by phone at 443-824-4273 or email at eclidebate@gmail.com.

Thank you and WELCOME to the 2015 Eddie Conway Liberation Institute!

Sincerely,
Adam J. Jackson
Director - Eddie Conway Liberation Institute

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Medical Insurance Information

Child's Name: _____

Name of Insurance Company: _____

Policy/Group ID Number: _____

Physician Name: _____

Physician Phone Number: _____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required.

We, the parents/guardians can be reached in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Statement of Consent

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission, while my child is a participant in the Eddie Conway Liberation Institute (ECLI), for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Printed Name of Parent/Guardian: _____

Signature: _____

Date: _____

**Student Medical Information Form
MUST BE COMPLETED AND SIGNED**

Child's Name (please print): _____

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? [☐] YES [☐] NO

If Yes, please explain:

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? [☐] YES [☐] NO

If Yes, please explain:

IMMUNIZATION INFORMATION

1. State/territory in which child resides: _____

2. Is this child exempt from any immunizations? [☐] YES [☐] NO

If Yes, please list them: _____

Parent/Guardian Signature: _____ Date: _____

Pre-Authorization to Administer Over-The-Counter Medications

The following non-prescription medications will be stocked in the camp offices and are used on an as needed basis to manage illness and injury. All medication will be administered by camp staff under the guidance of a registered nurse/physician. Please check any medication the camper **should not** be given.

Symptom	Medication <i>Please only check medication your child should not be given</i>
Headache, Fever, Pain	<input type="checkbox"/> Acetaminophen (Tylenol*)
Cramps, Muscle Pain, Inflammation	<input type="checkbox"/> Ibuprofen (Advil*, Motrin*)
Upset stomach	<input type="checkbox"/> Maalox* <input type="checkbox"/> Mylanta* <input type="checkbox"/> Tums*
Diarrhea	<input type="checkbox"/> Imodium*
Constipation	<input type="checkbox"/> Milk of Magnesia
Allergies & Localized Allergic Reactions	<input type="checkbox"/> Benadryl*
Sore Throat	<input type="checkbox"/> Sore Throat Lozenge
Itching (Rash)	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Calamine Lotion
Insect Sting	<input type="checkbox"/> Insect Bite Relief ointment <input type="checkbox"/> Topical antihistamine
Burn	<input type="checkbox"/> Burn cream <input type="checkbox"/> Aloe
Cut & Scrapes	<input type="checkbox"/> Antibiotic cream (Neosporin*)

* or generic equivalent

Statement of Consent

In the event of a non-emergency situation requiring the administration of over the counter medication, I, _____, hereby grant permission, with the approval of my child's physician, while my child is a participant in the Eddie Conway Liberation Institute (ECLI), to be administered over-the-counter medication under to guidance of qualified medical personnel.

Parent/Guardian Name: _____ Signature: _____ Date: _____

Physician Name: _____ Signature: _____ Date: _____

LIABILITY AND MEDIA RELEASE FORM

ALL Campers must have completed this form to attend ECLI

Whereas, _____ (your child's name) wishes to be accepted for participation in the Eddie Conway Liberation Institute (ECLI); and, in consideration of Leaders of a Beautiful Struggle's action in allowing the Camper to participate in such a program:

The undersigned Parent(s)/Guardian(s) of the Camper acknowledge the ECLI resident camp program will necessarily subject the Camper to certain stresses and hazards, not all of which can be foreseen. REASONABLE PRECAUTIONS WILL BE TAKEN TO PROTECT THE CAMPER. IT IS UNDERSTOOD THAT UNFORESEEN CIRCUMSTANCES MAY OCCUR IN SPECIAL PROGRAMS FOR WHICH THE INSTRUCTOR OR LEADERS OF A BEAUTIFUL STRUGGLE LLC CANNOT BE HELD RESPONSIBLE. The undersigned Parent(s)/Guardian(s) assume all of the ordinary risks normally incidental to the nature of the program, including risks which are not specifically foreseeable. The undersigned Parent(s)/Guardian(s), for themselves and their respective heirs, personal representatives and assigns, hereby release Leaders of a Beautiful Struggle LLC, its staff, employees and agents from all liability of any nature for loss or damage to personal property.

The undersigned Parent(s)/Guardian(s), for themselves and their respective heirs, personal representatives and assigns, further release Leaders of a Beautiful Struggle LLC, its staff, employees and agents from all liability for personal injury resulting from the failure of the Camper or other campers in the program to obey safety regulations and directions of the staff, or resulting from the exercise of judgment of the staff in good faith in response to emergencies and exigencies which occur in the program, provided however, that nothing contained herein shall excuse any member of the staff, employees or agents, or person assigned to be a program leader by a member of the staff, from the responsibility to act with reasonable care for the safety of the Camper during the course of the program appropriate to the circumstances. It is the intention of the undersigned that this agreement will be governed by the laws of the state of Maryland.

I, being the parent/guardian of _____, (your child's name) hereby consent that my child's name images and likeness, as shown in the videotapes, photographs, television, and/or electronic images for which she posed, and/or audio recordings made of her voice and/or written or verbal quotes/comments may be used and will become property of Leaders of a Beautiful Struggle LLC.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Printed Name of Parent/Guardian: _____

Signature: _____

Date: _____

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ECLI 2015 Payment Agreement

Leaders of a Beautiful Struggle LLC (LBS) and the undersigned, (parent/guardian name)_____, a parent or legal guardian of (child's name)_____ (camper) agree as follows:

Parent or guardian: please initial each item to indicate agreement

_____ 1. Tuition: The tuition for the 2015 Eddie Conway Liberation Institute is \$3,000 per child. There will be a \$1,000 discount for students who are participants in an urban debate league. There is also a \$500 discount for students who applied by March 1st. Discounts may not be combined or used concurrently. The camp can be paid with either **online, check or money order** (*no cash*). All checks/money orders will be made payable to **Leaders of a Beautiful Struggle or LBS LLC**.

_____ 2. Payment Terms: A *non-refundable deposit* of \$500 is due by **June 1, 2015**. The remaining balance of the tuition is due no later than **July 1, 2015**. Invoices and receipts will be mailed promptly after any payments are received.

_____ 3. Scholarships and Sponsorships: Parents/Guardians of students whose tuition is covered by external sources (scholarships, sponsorships, urban debate leagues, schools, etc.) are subject to this agreement in the event that the tuition is not fully paid. LBS will communicate with parents by phone/email to notify parents of any developments or changes.

_____ 4. Refunds and Credits: No refunds will be given and no credits will be issued for days that a camper was scheduled to attend but did not do so.

_____ 5. Default: Leaders of a Beautiful Struggle reserves the right to dismiss from camp for the rest of the summer any child for whom tuition is not paid.

_____ 6. Integrated Agreement: This contract constitutes the entire financial agreement between the parent/guardian and Leaders of a Beautiful Struggle LLC. There are no agreements, understanding or representations between the two parties other than those stated in this financial contract.

_____ 7. Jurisdiction: Parent or guardian and Leaders of a Beautiful Struggle LLC agree that the sole jurisdiction for any legal matter arising out of this agreement will be Baltimore, MD.

_____ 8. Attorney's Fees: If any legal action is involved in connection with this camper's experience at the institute, the prevailing party will be entitled to reasonable attorney's fees and investigatory expenses.

Parent/Guardian Signature:_____

Date: _____