



April 2024

Dear Student:

You are invited to participate in the Leadership La Porte County Youth (LLCY) Summer Leadership Camp. Students who apply to participate should be prepared to enhance skills as a potential leader, to build communication skills, and to be ready to be a creative representative of the youth in the La Porte area.

Summer Leadership Camp will take place **Monday, July 22nd – Thursday, July 25th, 9:00a.m. – 12:00p.m. CDT, at Creekridge County Park, Novak Shelter, 7943 W. County Rd. 400 N., Michigan City.**

Summer Leadership Camp will include opportunities to develop communication and problem solving skills in a fun and energetic environment with others like you! Those who complete the Camp will also be invited to continue with other leadership opportunities during the school year. Participation in Summer Leadership Camp will also allow you to be eligible to be selected to serve on the Youth To Youth board – a youth grant awarding council.

There is no fee for students to participate in Camp. Funding for the program is provided by a grant from the Healthcare Foundation of La Porte. Donations of snacks or bottled water are appreciated but not necessary. Snacks and water will be included each day and students will receive a 2024 LLCY t-shirt upon completion of camp.

**Please have your parent/guardian complete and return the attached Parent/Guardian Informed Consent Form to the Leadership La Porte County office via email attachment or mail by **June 30, 2024.****

Please feel free to share this information with other students who may be interested. This opportunity is intended for students in La Porte County who will be entering 6th, 7th or 8th grade in the 2024/25 school year. Once you have submitted an application, you can expect to receive additional information by email prior to the start of Camp.

Sincerely,  
Monica Komasinski  
Executive Director Leadership La Porte County

**Leadership La Porte County Office Information**

**Mailing Address:  
605 Michigan Ave., La Porte, IN 46350  
Email: [monica@leadershiplaportecounty.com](mailto:monica@leadershiplaportecounty.com)  
Telephone: 219-325-8223**

Like us on Facebook to keep up to date on things LLCY.



Leadership La Porte County Youth



## 2024/25 Parent/Guardian Informed Consent Form

Complete and return this form to the Leadership La Porte County office via email attachment ([monica@leadershiplaportecounty.com](mailto:monica@leadershiplaportecounty.com)), or mail (605 Michigan Ave., La Porte, IN 46350) by June 30th

### Activities

Leadership La Porte County Youth (LLCY) offers the opportunity for students to participate in various team building initiatives. LLCY is designed to guide participants in the development of skills such as decision-making, teamwork, cooperation, and communication. During LLCY Summer Leadership Camp youth will be participating in various team building initiatives at various locations, including but not limited to Kesling Park. Some of these activities are considered "physical activities" and require a certain amount of physical exertion and climbing. During LLCY activities youth should be dressed appropriately for the setting and weather conditions. A youth who is not dressed properly will not be allowed to participate. Proper attire for LLCY Summer Leadership Camp includes closed-toe shoes (no flip flops).

### Risk

'Safety First' is the number one rule of all LLCY activities. Considerable effort has been made to insure the safety of all participants. However, as with any group activity, it is not possible to completely eliminate risk. By allowing my/our youth to participate in LLCY activities, I/we am/are recognizing that my/our youth will be exposed to the possibility of scrapes, bruises, insect bites, muscle strain, falls, or other injury. I/We understand that any medical bills are the responsibility of the youth's parents/guardians. I/We agree to hold the sponsoring agency, LLCY staff and volunteers, and other people and agencies participating in this program harmless from all claims that might result from participating in this program.

### Survey Data

I/We understand that the youth will be asked to participate in a short, confidential survey. The purpose of this survey is to track outcomes from the program for LLCY and a variety of funders. This information is needed to assure that programs such as this continue to be available in this community. Answers will be private and the surveys will not record the youth's name or any other identifying information.

### Promotional Release

I/We understand that in the event that my/our youth is photographed, audio or videotaped for the purposes of promoting and publicizing LLCY, we hereby waive all rights to the photographs, audio and video tapes in which the youth appears. I/We understand that sole ownership and copyrights belong to LLCY. The photograph, audio or video taken may be used whole, in part, or in composite as the program sees fit in publication of educational material, and the advertising thereof, and for any other lawful purpose.

### Youth Background and T-shirt Size

\_\_\_\_\_  
Full Name of Youth PLEASE PRINT

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

School attended 2023/24 school year: \_\_\_\_\_ Adult t-shirt size: \_\_\_\_\_

School attending 2024/25 school year: \_\_\_\_\_ Grade level 2024/25 school year: \_\_\_\_\_

**Youth Medical**

Youth's allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Youth IS or IS NOT allergic to bee stings. (Circle IS or IS NOT in the sentence; that which applies.)  
If youth is allergic to bee stings, send normal bee sting medication kit with youth.

Youth's current medication(s): Send the medication(s) with youth.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Youth's existing medical condition(s) that could affect youth's participation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact**

If any of the following contact information changes while my/our youth is participating in LLCY, I/we will promptly inform the LLCY staff of the changes. This information is kept confidential and only used to ensure LLCY staff are able to get relative LLCY information to youth directly.

Youth home phone #: \_\_\_\_\_ Youth cell phone # \_\_\_\_\_

Youth email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
Street City State Zip Code

Parent/Guardian cell phone #: \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

**Consent**

I/We give permission for my/our youth (name) \_\_\_\_\_ to participate in LLCY activities. I/We have read the information regarding this program and discussed it with my/our youth. My/Our youth has indicated to me/us that he/she wishes to participate. I/We have contacted LLCY staff regarding any questions and concerns I/we have.

\_\_\_\_\_  
Parent/Guardian Name PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Name PLEASE PRINT

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date