



## Registration Information 2019

Full Registration: \$595, scholarships available – For complete details visit [www.thefamilyleader.com/lead/](http://www.thefamilyleader.com/lead/)

*Register early as space is limited!*

### How to Register

Complete this form, save, and email it to [ashley@thefamilyleader.com](mailto:ashley@thefamilyleader.com), OR type/print your information into this form and mail it to THE FAMILY LEADER at PO Box 42245, Urbandale, IA 50323.

All three forms are REQUIRED to attend LEAD:

- Registration Form
- Student Covenant & Permission Form (student and parent)
- Health Information & Medical Release Form (parent)

Send in all three completed and signed forms with full payment. Read over the LEAD Policies & Procedures document with your student and keep for your reference.

### Financial Considerations

- **Early-Registration Discount:** To qualify for the **\$495** early registration tuition, all fees must be paid in full by **April 1st**.
- **Group Discount:** Groups of 2-10 can receive a special discount on their tuition. The size of your group will determine the discount.

Group Size	Discount	Early Price (pre Apr. 1)	Post April 1 Price
Groups of 2	\$10 off	\$485	\$585
Groups of 3	\$20 off	\$475	\$575
Groups of 4	\$30 off	\$465	\$565
Groups of 5	\$50 off	\$445	\$545
Groups of 6	\$60 off	\$435	\$535
Groups of 7	\$70 off	\$425	\$525
Groups of 8	\$80 off	\$415	\$515
Groups of 9	\$90 off	\$405	\$505
Groups of 10	\$100 off	\$395	\$495

To qualify for a group discount, every participant must fill out his/her own registration form, and all forms must contain the name of the contact person and the group name. All names must be on the contact person's list in order to be valid. All groups must be pre-established and are subject to TFL's prior approval.

- **Financial Aid:** Financial Aid may be available for those in serious need by contacting Ashley Baker: [ashley@thefamilyleader.com](mailto:ashley@thefamilyleader.com). We do ask that those requesting financial aid contribute as much of their tuition as possible.
- **Note:** Please send as much of your tuition as possible when registering. A \$50 minimum deposit is required to reserve a space. **All balances must be paid in full two weeks prior to the week attending.**

### General Information

- **Tuition:** Your registration fee covers all instructional materials, food & lodging for all five days **as well as your LEAD t-shirt!**
- **Daily Events:** Worship/Bible study; teaching sessions; legislative track activities; dynamic speakers; entertainment; games & sports.
- **Eligibility:** High school-aged teens. In other words, students entering their first year of high school through those just having graduated from high school are eligible to attend. First-year summer students always participate in the House of Representatives Track.
- **What to Pack?** – For details on what to bring, what not to bring, and dress code, please see the Policies & Procedures document included in this packet.
- **Location:** Grandview University, 2811 E. 14th St. Des Moines, IA 50316

## Policies & Procedures

We are excited that you have chosen to attend LEAD. It is our desire to make this a profitable, enjoyable, lifechanging experience for everyone involved. While we expect no problems from the students, it is important to define the boundaries and lay the foundation for expectations and conflict/problem-solving ahead of time so everyone is aware of policies and procedures.

While your student is at LEAD, he/she will be under the supervision of LEAD staff, instructors and chaperones. Our goal is to have the ratio of chaperones to students at no less than 1:10. LEAD staff will be on location at all times. The LEAD staff, instructors and chaperones will clearly communicate to students our expectations.

### LEAD's Cancellation Fee / Refund Policy

Students who are unable to attend LEAD during the week for which they registered may request a refund of their registration fee. Due to costly administrative commitments, refunds will be honored depending on how near the cancellation is to the start of the program.

### Alternatives to Refunds

Transfer Registration – Transferring a registration is sometimes, but not always, acceptable and depends on each individual situation. Please call the TFL office immediately if you are thinking of transferring your registration to another individual. In any case, new registration forms will be required.

Financial Aid – There are many deserving students who want to attend LEAD, but simply can't afford it. Consider helping them by transferring the tuition money to the Financial Aid Fund.

### Schedule

All activities are mandatory, and all students will be expected to participate in every activity unless prior permission is obtained to excuse a student. The final schedule will be distributed at registration. While students attend LEAD, it will be very important that they get enough sleep to meet the challenging itinerary.

### Expectations:

- Nametags shall be worn at all times when outside dorm rooms
- **The following items are not allowed in dorm rooms** unless given prior permission: Stereo, video, computer equipment (No laptops or tablets), electronic devices (such as games, iPods, or CD/DVD/MP3 players), amplified musical instruments, or controlled substances
- Please label all belongings and keep cash and other valuables on your person. **We are not responsible for lost, damaged or stolen items.**

### Dress Code

All students are expected to comply with the following standards. If these standards are not met, students will be asked to change clothes.

**General Standards:** Students should wear neat, clean, modest, and activity-appropriate clothing. No torn, frayed, or ragged clothing please. Close-toed shoes are required for certain outdoor activities.

**Men:** No sagging shorts or pants. Shirts must be worn at all times. Shirts must not show any part of the lower back or midsection. No pajamas outside of dorm rooms.

*Professional dress: suit or collared shirt with tie, dress pants, and dress shoes.*

**Women:** Shorts must be longer than your fingertips when arms are extended at your sides. Skirts, dresses, and business suits must extend to the knee cap when standing, regardless of whether leggings are worn. No lowcut tops or open-backed shirts. Tank tops and dresses must have straps at least two inches wide. Shirts must not show the lower back or the midsection. No pajamas outside of dorm rooms.

*Professional dress: dress, skirt or dress pants and blouse, or business suit, and dress shoes.*

**Professional dress is required for Wednesday and Friday trips to the Iowa Capitol.**

## Registration & Dorms

Registration opens at 5:30 p.m. in the dorms and rooms are filled on a first-come, first-served basis. Students wishing to room together should arrive early enough to reserve a room together as there are no pre-assigned rooms.

## Disclaimer

Issues and topics debated, including bills for the Mock Legislature may be controversial or sensitive in nature. Please contact LEAD with any questions.

## Students with Special Needs

Please note on the Health Information & Medical Release Form any special needs that will require any degree of consideration. If it is appropriate, we will contact you for more information so that we can plan for the support necessary to ensure a positive experience for your child. Regarding food allergies, items with possible allergen-containing ingredients are labeled or otherwise identified; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods used could change the formulation at any time without notice. Participants concerned with food allergies need to be aware of this risk. Neither Grandview University nor LEAD will assume any liability for adverse reactions to foods consumed or items one may come in contact with during the week of participation. LEAD will do what it can and within reason to accommodate the special food needs of allergic students. To allow time for possible accommodations, **LEAD must receive a doctor's notification at least one week prior to the start of the program of a participant's allergies and special needs requests.**

## Additional Expectations

- Nametags shall be worn facing out at all times when outside dorm rooms.
- No food, candy, beverages, gum, etc. will be permitted during chapel, in the Capitol Building.
- Please label all belongings and keep cash and other valuables on your person. **LEAD is not responsible for lost or stolen items.**

## What to Bring

- **Bedding:** Sleeping bag or blanket, sheets, pillow, etc.
- **Toiletries:** Towel, washcloth, soap, shampoo/conditioner, comb/brush, sun screen, toothbrush, etc.
- **Supplies:** Bible, pen/pencil, notebook, alarm clock– cell phones are allowed in dorm rooms only.
- **Clothing:** Casual clothes for time spent on campus, athletic clothing for sports including closed-toed shoes, nice casual, and enough “dress” outfits for presentations and trips to the Capitol or other venues (see below).
- **Sports Equipment:** Some will be provided; however, feel free to bring your own basketball, volleyball, soccer ball, and/or other outdoor sports equipment.
- **Spending Money:** Only needed to buy pop, snacks, and/or supplies from vending machines or the Grandview campus store.

## What NOT to Bring

**Do Not Bring:** Stereo, video, or computer equipment (NO laptops or tablets), unless given prior permission, electronic devices (such as games, drones, iPods, or CD/MP3/DVD players), amplified musical instruments, flammable materials, or controlled substances. If in doubt, call the LEAD office at (515) 263-3495 and we will let you know if you should bring it.

**Note to Parents:** Please take the opportunity to go through your child's luggage with him/her and discuss what constitutes appropriate, professional, and modest clothing as outlined below and to ensure no items are brought from the list above.



## Registration Form 2019

Send this form, your signed Student Covenant, your Medical Form, and a \$50 deposit to reserve your spot today! Questions? Please email [ashley@thefamilyleader.com](mailto:ashley@thefamilyleader.com) or call (515) 263-3495.

**Mail to:**  
THE FAMILY LEADER  
P.O. Box 42245 Urbandale, IA 50322  
Checks should be made payable to THE FAMILY LEADER.

### Personal Information

#### STUDENT INFORMATION

Full Name \_\_\_\_\_ M F Birth Date (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ Grade in Fall \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Student resides with: Mother Father Both Guardian  
Student's Email \_\_\_\_\_ Church \_\_\_\_\_ City \_\_\_\_\_  
School Name \_\_\_\_\_

Have you attended LEAD before? Yes  No

How did you hear about LEAD/Who referred you to LEAD? \_\_\_\_\_

Which track would you prefer to participate in? House Senate Media **(all first-year students participate in the House track.) \* Spots are limited in Media Track**

What size t-shirt do you want? XS S M L XL XXL

#### PARENT INFORMATION

Much of this data will be used in case of an emergency. Please fill in all possible fields.

##### First Parent:

Mr.  Mrs.  Ms.  Dr. Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
\*Email(s) \_\_\_\_\_

##### Second Parent (please mark n/a if not applicable):

Mr.  Mrs.  Ms.  Dr. Full Name \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ \*Email(s) \_\_\_\_\_

\*Your registration confirmation will be sent to you by email. LEAD may also send you periodic updates unless you opt to unsubscribe. All personal information is used solely by TFL and will not be released, rented, sold or otherwise distributed to anyone at any time for any reason.

##### Payment

Full registration is \$595, minus any applicable discounts.

Paid by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_

I will pay via:  MasterCard  Visa  Discover  American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_

Name on card: \_\_\_\_\_ CVC: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

##### Group Registrations & Financial Aid

If you are registering with a group of people, see Group Discount on page one.

Group name \_\_\_\_\_

Contact person \_\_\_\_\_

I am requesting Financial Aid. (Please fill out the Financial Aid Request Form found on our website.)

Enclosed is \$ \_\_\_\_\_ for the LEAD Financial Aid Fund.

For office use only: Date Rec'd \_\_\_\_\_ \$Paid: \_\_\_\_\_ CK/CA/Chg: # \_\_\_\_\_ Bal Due:  Y  N

Fin Aid Req:  Y  N Permission Form Rc'vd  Medical form Rc'vd  Date Entered \_\_\_\_\_ Init \_\_\_\_\_

## Student Covenant & Permission Form

*This form must be signed and returned to TFL in order to attend. Send form with Registration.*

THE FAMILY LEADER is committed to Biblical worldview and leadership training programs for teens. We hope your experience here will be enjoyable, rewarding, and challenging. The instructors, staff, chaperones, and ADCs are committed to helping you grow as a leader, and they are looking forward to you being here. The development of leadership skills includes taking responsibility for your own life and conduct, and the foundation for all behavior at all times can be summed up in the word "respect." Please read the following carefully.

"Finally, all of you, live in harmony with one another, be sympathetic, love as brothers, be compassionate and humble." 1 Peter 3:8

1. The Bible says that Christians should "think on things that are excellent" and "avoid all appearance of evil."
  - I will maintain the highest moral standards and maintain a clear personal witness through proper conduct and modest dress (see Policies and Procedures document for our standards).
  - I will not drink alcoholic beverages or use tobacco in any form while at LEAD; I will not use any type of illegal substances, engage in offensive language, etc.
2. Leadership involves self-discipline, which means accepting personal responsibility to do those things which are expected of you "as unto the Lord." Christian leadership involves servanthood. Jesus said, "Whoever wishes to become great among you shall be your servant."
  - I will be prompt and attentive in all classes and activities and keep myself, my belongings, and my room neat and clean.
  - I will display a servant attitude toward my fellow classmates, instructors, staff, chaperones, ADC's, and other staff.
3. LEAD is an environment conducive to learning and personal growth, and one in which you can make friends and not be distracted by outside influences.
  - I will not bring to LEAD anything that would detract from this goal (including but not limited to the items described in the Policies and Procedures document or any illegal items). Neither will I use the computer or Internet inappropriately when doing research for LEAD.
4. LEAD is held at Grandview University and visits other venues such as the Capitol Building, etc. We believe it is important to present a clear testimony for Jesus Christ among our neighbors and in the community.
  - I will respect the property, privacy, and rights of others, whether associated or not associated with TFL.
5. The Bible commands us to submit to authority. It is our desire that each student has a teachable spirit and is willing to be cooperative, obedient, and respectful to any person in God-ordained authority.
  - I will obey the rules and submit to the authority of LEAD instructors, staff, and chaperones.

I have read and agree with all of the above. I have also read and agree to abide by the LEAD Policies. I understand that I will be expected to abide by this signed covenant. I further understand that if I choose not to abide by this signed covenant, I will face appropriate consequences, possibly even being asked to leave.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission to Attend LEAD

I (print), \_\_\_\_\_, as parent/legal guardian of (print) \_\_\_\_\_, a student attending LEAD at Grandview University in Des Moines, IA during summer 2019, do hereby give my permission for his/her attendance, and further:

I agree to hold Grandview University and THE FAMiLY LEADER/LEAD, the owners and lessees of any premises used to conduct classes or activities, their sanctioning institutions, agents, officers, directors, and employees harmless and indemnify them from any injury, loss, damage, or claim of any nature arising out of or related to my child's participation in the classes and activities of LEAD, specifically including any negligent act or omission of the above.

I give permission to LEAD to use my child's photograph/video, oral and/or written comments in promoting LEAD.

I have read and agree with all of the above, and I support Student Statesmanship Institute in its endeavor to provide the best possible learning environment for every student.

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



### Health Information & Medical Release Form

**This form must be signed and returned to TFL in order to attend. Send form with Registration**

#### Emergency Contact Information

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent/Guardian Hm Phone \_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_ Parent/Guardian Wk Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_  
 City/St/Zip \_\_\_\_\_ Physician \_\_\_\_\_  
 Health Insurance Carrier \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
 Policy/Group # \_\_\_\_\_ HMO / PHP auth phone no. \_\_\_\_\_

#### Health History

Please mark those applicable and give appropriate explanations below:

Frequent colds  Frequent sinus infections  Tuberculosis  Frequent upset stomach  Kidney complications  
 Heart condition  Fainting/dizziness  Asthma  Diabetes  Epilepsy  Migraine headaches  
 Other \_\_\_\_\_  Psychiatric illness or treatment (if yes, please describe below)

Current Medications will be self-administered. Please list ALL current medications, including over the counter, and dosages:

If necessary, medications can be refrigerated in the LEAD office. Initial here  if that will be necessary. It is acceptable for students to keep their medication in their dorm rooms.

#### Allergies

Please list ALL allergies.

Are any of the allergies listed below airborne? Circle Yes or No: YES NO (if yes, please indicate which allergies are airborne)

Medications \_\_\_\_\_ Reaction  
 Foods \_\_\_\_\_ Reaction  
 Plants \_\_\_\_\_ Reaction  
 Animals/Insects \_\_\_\_\_ Reaction

#### Other Medical Concerns Yes No Please Explain Below:

Are there chronic problems or illnesses not indicated above? \_\_\_\_\_  
 Has there been recent treatment for a medical problem? \_\_\_\_\_  
 Are all immunizations up to date? \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_  
 Does your child have any special dietary needs/restrictions?\* \_\_\_\_\_

\*Regarding food allergies, items with possible allergen-containing ingredients are labeled or otherwise identified; however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods used could change the formulation at any time, without notice. Participants concerned with food allergies need to be aware of this risk. Neither Grandview University nor TFL will assume any liability for adverse reactions to foods consumed or items one may come in contact with during the week of participation. TFL will do what it can and within reason to accommodate the special food needs of allergic students. To allow time for possible accommodations, TFL must receive a doctor's notification at least one week prior to the start of the program of a participant's allergies and special needs requests.

Anything else we should know? \_\_\_\_\_

\_\_\_\_\_

Medical Release Parent or Guardian must sign for students under 18 years. Student must sign if over 18 years. In case of sickness or emergency, I authorize such medical procedures as are deemed necessary to be performed at the discretion of LEAD staff. I release LEAD, its agents, officers, directors, and employees of any liability from injuries and damages suffered by me/my child due to such medical procedures. I hereby agree to indemnify and hold LEAD harmless with respect to such medical procedures, including payment for all medical procedures performed on me /my child's behalf.

Parent/Guardian/Adult Student Signature \_\_\_\_\_ Date \_\_\_\_\_