

It's MY Business

Entrepreneurship Summer Program
July 20 – July 24, 2009

REGISTRATION PACKET

GENERAL INFORMATION

DROP-OFF begins at **8:15 am** at Breck Fitness Center (turn left at the end of the drive). Enter Breck Fitness Center and a staff member will greet you at the information desk.

IMPORTANT: *It's MY Business* participants driving themselves to campus should park in Lot A (turn right at the end of the drive, then left at the stop sign) and walk to Breck Fitness Center for check-in.

PICK-UP begins at **4:30 pm** and will occur in the same location.

It's MY Business CHECK-IN

It's MY Business participants will need to check in each day at the information desk between 8:15 and 8:30 a.m. in Breck Fitness Center. Program officially begins at 8:30 a.m. each morning.

LUNCH, SNACKS, & BREAKS

A morning and afternoon snack and boxed lunch will be provided for each student. Please list any food restrictions or allergies on the Health Information Sheet provided. Water fountains are available in every building on campus.

DRESS CODE

The dress code for students is business casual (slacks or skirts, blouse or nice shirt; no flip flops, shorts, tank/halter tops, or bare midriffs). On certain days of the program, participants will be asked to bring comfortable clothing and sneakers in order to take part in our team-building exercises. You will be informed of this at least one day prior.

IMPORTANT INFORMATION

Enclosed you will find a series of forms that need to be filled out in their entirety and received in our office by **Friday, June 19**. These forms will be kept on file for reference and safety for the duration of the program. If you have any questions, please feel free to call (413) 565-1066. The completed forms may be faxed to the attention of Briana Sitler at (413) 565-1118, or mailed to Bay Path College, Attn: Briana Sitler, 588 Longmeadow Street, Longmeadow, MA 01106.

CHECKLIST OF FORMS

Health Information Sheet	_____
Release of Liability Form	_____
Picture and News Release Form	_____
Tuition Payment Form	_____
Behavior agreement	_____

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PICTURE & NEWS RELEASE

Media Release:

I hereby grant permission to Bay Path College to use photos and video images taken by the institution or its agents of my daughter _____ for college publicity, adverting or promotional purposes. **I hereby waive any right** to inspect or approve the finished still photographs, motion pictures, digital media, videotapes and/or associated or independent audio recordings, or advertising copy or printed matter that may be used in conjunction therewith or to the eventual use that it might be applied.

As parent/guardian(s) of this student I (we) join in and agree to be bound by this release document.

Parent/Guardian Signature
Date

Date

Parent/Guardian Signature

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HEALTH INFORMATION

NAME of PARTICIPANT: _____ BIRTH DATE: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

NAME of PARENTS: _____

HOME PHONE #: _____ WORK PHONE#: _____

E-MAIL ADDRESS: _____

IN CASE of EMERGENCY, NOTIFY: _____

RELATIONSHIP to STUDENT: _____ DAY PHONE#: _____

Identify any known medical illness or disorder (emotional or physical) that would currently pose a risk to other students or which would affect the student's functional ability to participate safely. Please also indicate if there are additional medical concerns of which the program staff should be aware (i.e. seizures, diabetes, etc.) _____

Does the student have any physical disabilities (temporary or permanent)?

Yes No

Explain: _____

Is this student taking prescription medication on a daily basis for a chronic illness or condition?

Yes No

If yes, indicate medication: _____

IMPORTANT NOTE: Bay Path College will not be responsible for dispensing medication.

Does the student have allergies? Yes No

If yes, what specific type/s of allergies and the normal reaction: _____

(If allergic to bee stings, the student must bring an epi pen.)

SPECIFIC DIETARY RESTRICTIONS: _____

PARENT/GUARDIAN AUTHORIZATION (Required for all Students)

This health history is correct and complete to the best of my knowledge, and the student named above has permission to participate in all program activities except as noted by me or an examining authority. I also confirm that the student has received and is up to date on all necessary immunizations required by her local school district.

If I cannot be reached in an emergency, I hereby authorize permission to the *It's MY Business* staff to transport this student via ambulance to the nearest hospital and to secure proper medical treatment.

PHYSICIAN'S NAME: _____

PHYSICIAN'S TELEPHONE NUMBER _____

NAME OF INSURANCE PROVIDER: _____

PHONE #: _____ **POLICY #:** _____

Parent Signature: _____ **Date:** _____

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RELEASE OF LIABILITY

DISCLOSURE

The Bay Path College *It's MY Business* program involves a session consisting of a variety of activities that may include warm-ups, games, initiative problems, and physical adventure activities. While no activity poses a significant physical risk, some activities may be deemed by the participant as too rigorous (e.g. spurts of running). The level of participation in these physical activities is, at all times, completely up to the individual's choice, and there will therefore be no adverse consequences for this choice. Students will, however, still be required to observe.

RELEASE OF LIABILITY

I understand that part of the Bay Path College *It's MY Business* program may involve some physical activity. I affirm that my (daughter's) health is good and that I am (she is) not under a physician's care for any undisclosed condition that bears upon my (her) fitness to participate in the above referenced activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Bay Path College, its staff members, and Board of Trustees from all liability for any injury to me (my daughter) from participation in these activities.

Student (if 18 or over) or Parent/Guardian's Signature

Date

BEHAVIOR AGREEMENT

As a part of the "It's MY Business!" program at Bay Path College, I agree to conduct myself as though I am a business professional. During lectures and guest speakers, I will be attentive and wait for appropriate moments to ask questions. I will also not speak while others are speaking, as I expect to be given the same respect that I give the professors, guests, and my peers.

During all class and presentation times, my cell phone will be turned off. I will not use my phone while I am in class.

Signature

Date

Print Name

I have reviewed with my Daughter to ensure that she understands this behavior agreement and to show my support.

Parent/Guardian Signature

Date

Print Name

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ACCOMODATIONS

As described on our program web site and in all our advertising, the *Its MY Business* program is a **non-residential** program.

However, for **out of area students**, please note that we have reserved a block of rooms at the Crowne Plaza, located two miles from campus in Enfield, CT. Free shuttle service provided by Bay Path College to and from the hotel will be available each day.

The room rate at the Crowne Plaza is \$89 per night plus any taxes or fees that apply, and you should pay for accommodations directly to the hotel. While supervision, lunch and a mid-morning snack are provided on campus as part of the *Its MY Business* program, participants who are staying at the hotel will have no supervision by the *Its MY Business* staff outside of the 8:15 a.m. to 4:30 p.m. program. In addition, breakfast and dinner are the responsibility of the student each day.

Reservations may be made directly to the hotel at (860) 394-2777 and mentioned Bay Path College to get this discounted rate. Should you decide to stay at the hotel and require the shuttle service, please contact Briana Sitler at (413) 565-1066 or bsitler@baypath.edu by July 13.