

MACS I-Own Spring Business Camp

APPLICATION

Student Name: _____ DOB: _____
Phone: _____ E-mail: _____
Parent/Guardian Name: _____
Parent/Guardian Street Address: _____
City, State, Zip: _____
Home Phone: _____ Work Phone: _____
E-mail: _____

The MACS Entrepreneur ***i-OWN*** Spring Business Camp at MACS will meet each Saturday beginning February 14th – May 30th from 10AM-12PM. **Parents/Guardians required to attend class with their child the first Saturday of each month. (We will not meet on Saturdays following the ½ day Fridays or during breaks).** **Transportation to and from the program is the responsibility of the participant.**

Student, please initial to confirm your commitment:

_____ I am willing and able to get to and from MACS IOWN Camp every Saturday barring any unforeseen emergencies.

_____ I am committed to establishing and developing my business.

Parents, please initial to confirm your commitment:

_____ I am willing and able to ensure my son/daughter gets to and from MACS IOWN Camp every Saturday barring any unforeseen emergencies; and I will attend the 1st session each month.

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Parent/Guardian Media Permission Form (For applicants *under* the age of 18)

Name of Parent/Legal Guardian: _____

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am the parent/legal guardian of the child named above, who is under the age of 18. I hereby provide permission for Entrepreneurship Youth (E Youth) and Manchester Academic Charter School (MACS) to use, reproduce, electronically publish and display my son/daughter/ward's name, photograph, and any information provided by my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and Internet web sites. I understand that this media will be accessible throughout the world and that stories including my son/daughter/ward may appear in written, video and electronic form.

I understand that information provided by my son/daughter/ward will be used to promote E Youth, MACS, and entrepreneurship education generally. I release E Youth and MACS and E Youth's and Macs' agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by my son/daughter/ward in the permitted manner.

Signature of parent/legal guardian: _____

Date: _____



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Manchester Academic Charter School and Entrepreneurship Youth are organizations built on core beliefs and shared values. These beliefs and values compel us to create a safe, calm and disciplined environment that encourages young people to discover their talents and explore the many possible pathways to a fulfilling and economically secure life. In order to achieve this environment an atmosphere of mutual respect must exist between students, staff, volunteers and parents. The ***I-OWN*** program is a unique hands on experience providing the opportunity to integrate knowledge with real life experience. In the spirit of unity each of us must recognize our own self worth and mutually respect each other promoting a productive team atmosphere.

Participation in the ***I-OWN*** program is a privilege, one that is earned and maintained through a positive attitude about learning and a genuine desire to be an active member of its community. It is critical that these guidelines are taken seriously and upheld with diligence and rigor.

- I will arrive on time, attend regularly and participate in all course activities.
- I will always receive permission before using a cell phone or other electronic device.
- I will use time productively, listen intently and work to the best of my ability.
- I will respect personal privacy and property of peers, faculty and staff.
- I will respect tools, equipment, facilities and grounds and use materials wisely.
- I will socialize only during scheduled breaks.
- I will respect the MACS environment and all other business or collegiate facilities by speaking quietly in hallways and avoiding running or horseplay, etc.
- I will refrain from tobacco, alcohol or drug use and understand that violation of this rule may result in immediate suspension from this program.
- I will assume responsibility and accept the consequences of my actions.
- I will remain with the class until I am dismissed or excused.
- I will always consult an instructor before leaving the group for any reason.
- I will act as a role model by demonstrating values of respect, active listening, embracing new knowledge and learning.

As a member of the ***I-OWN*** program I know that I contribute to and sustain its culture by adhering to all of the guidelines stated above. By signing below I acknowledge my commitment to follow these guidelines and I understand that violation of these guidelines may result in the elimination of my wage and/or suspension from this program.

Student's Name (please print clearly)_____

Student's signature_____ Date _____

