



March 11st, 2010

Dear Ambassador,

Congratulations! You have been selected to represent your high school at the Hugh O'Brian Youth Leadership (HOBY) Seminar. You were chosen because of the outstanding leadership potential you have demonstrated in school and community activities.

The Iowa HOBY Leadership Seminar will take place Friday, June 11 to Sunday, June 13, 2010. The event will be held at Central College in Pella, Iowa, with more than 130 sophomores in attendance. If you are receiving this packet **either your Registration Fee has been paid or you are eligible to apply for an Iowa HOBY seminar scholarship (through March 1st, 2010)**, and excluding transportation to and from the site, a sponsor has generously paid for your expenses. During the weekend, you will join other "HOBY Ambassadors" from our great state to enjoy a unique learning experience. We will present multiple viewpoints on important issues, encourage you to think critically about leadership, and also begin to identify your own particular leadership strengths. The seminar will be an enjoyable experience in a stimulating workshop environment. What you get out of the seminar will correlate directly with your level of participation in the activities – come prepared to interact!

Enclosed, please find the HOBY pre-seminar materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent or guardian. **You must return the following 9 forms to me by Friday, May 14 2010.**

1. **Participant Confirmation Form**
2. **Medical History Records Form (2 pages)**
3. **Medication Verification Form for Physicians**
4. **Health Insurance Form**
5. **Consent & Acknowledgment of Risk Form—MUST BE NOTARIZED!**
6. **Notice of Privacy Practices**
7. **Optional Religious Services Participation Form**
8. **Early Arrival Form**
9. **Parent Banquet & Closing Ceremony Registration Form**
10. **Parent support ad form**

If you will be bringing medication with you, you must also complete the **Medication Verification Form for Physicians** and bring it with you on the first day of the seminar.

If you have any questions or if you find you will not be able to attend the seminar, please contact me (Rachel Anderson) at (563) 605-0198. Should you have any problems while en route to the seminar, please call Seminar Chair Sarah Burke (515) 570-8619. We are delighted to offer you this opportunity and look forward to greeting you personally at the Iowa HOBY Leadership Seminar.

Sincerely,

Rachel Anderson
Director of Recruitment
registration@iahoby.org
(563) 605-0198





Answers to Commonly Asked Questions

- * **Where will the seminar be held?** The seminar will take place at Central College in Pella, Iowa. For more information about Central, please visit <http://www.central.edu/aboutCentral/campusMap.pdf>
- * **When will the seminar be held?** Seminar will be held June 11- 13 2010. The seminar will begin with Ambassador Orientation on Friday at 9:15 a.m. and conclude with checkout by 3:30 p.m. on Sunday following the Closing Ceremonies. *All ambassadors must be present for the entire seminar, including overnight.*
- * **Where should I go when I arrive?** Registration will be in the basement lounge of Scholte Hall (on the NE side of University Street and Broadway Street) at Central College . **Seminar participants may register any time between 8:00 and 9:00 a.m. on Friday, June 11th.** There will be signs as well as a HOBY volunteer committee to greet you and check you in.
- * **What kind of program is planned?** During your HOBY Leadership Seminar, many dynamic leaders—all volunteers from the fields of business, education, government, and other professions—will address aspects of our changing world and the challenges future leaders will confront. The program will not promote any specific political party, religion, or way of thinking; but is designed to develop critical thinking skills by actively involving participants in discussions and informal debate. During the seminar, you will be asked to undertake a community service project(s) involving at least 100 hours during the year following your seminar, to make a difference in your school, community, place of worship, or other environment where you see a need. The program also includes outstanding speakers, leadership activities, social events, and a special closing ceremony to which your parents are invited.
- * **What are the accommodations like?** Participants will be assigned to residence hall rooms with two participants per room on floors reserved exclusively for the seminar. Please note that you are expected to **provide your own linens, pillows, blankets, toiletries**, and if you'd like, a fan. The residence halls will be air conditioned. Everyone will receive nutritious breakfasts, lunches, and dinners. The first meal of the seminar will be lunch, so please eat breakfast prior to check-in on Friday morning. On the Medical History Records Form, please indicate any special dietary considerations, including vegetarianism, and we will do our best to accommodate you.
- * **What if I need to take medication while I am at the seminar?** Please provide information about your medication on the Medical History Records Form and bring the Physician Medication Verification Form with you to the seminar (documents are included in this packet). Make sure to read and comply with the Policy for Use of Medication During a HOBY Event.
- * **If necessary, how may I be contacted during the seminar?** Parents, friends, and family members are discouraged from calling students during the seminar due to the disruption caused to panels and activities. In case of emergency, your parent(s) or guardian may call the **Central College Security at 641-780-2847** and ask for the Iowa HOBY staff. The seminar will be chaperoned by qualified adults who will be staying at the facility 24 hours a day.
- * **Who pays for the seminar?** Your school or parent has paid a \$150 Registration Fee and will provide transportation to and from the seminar. All costs for meals, lodging and training materials have been generously provided by sponsors throughout our state, including businesses, foundations, individuals, and service organizations wishing to support leadership education.
- * **Will I need money?** There is a **\$20 room deposit** due at the time of check-in that will be fully refunded to you at check-out. We will also be taking group pictures and you may purchase one for \$6 if you want. Iowa HOBY also offers a Seminar Yearbook CD for purchase at the end of the seminar for \$20 and HOBY merchandise will be available in the HOBY Store throughout the weekend. With the exception of the room deposit, everything else is optional for purchase.
- * **What should I wear at the seminar?** Dress is casual throughout the weekend. Sunday is “dress-up.” You will be provided a HOBY t-shirt and there will be an announcement as to when you will wear the t-shirt during the weekend. There is a community service project scheduled, so please bring work appropriate pants and **close toed shoes** that are appropriate for outdoors, dirt, and possibly paint, you will be provided with a seminar tshirt to wear for the service projects.
- * **What about religious services?** There are **optional** religious services provided at Iowa HOBY on Sunday morning before scheduled events begin. A Catholic Mass and a non denominational church service will be offered on campus, no students will be allowed off campus for religious services.
- * **What transportation arrangements have been made?** You are responsible for your transportation *to and from the seminar*. Please include all details of your itinerary on the enclosed Participant Confirmation Form.
- * **What if I need to arrive on Thursday night?** We are pleased to offer an early arrival program for those students traveling from long distances. Check in for early arrival is on Thursday June 10th, 2010 from 6:00-8:00pm at Scholte Hall on the Central College Campus. There is a \$35 fee to defray the cost of housing for Thursday night, activities and staff supervision on Thursday night and breakfast for Friday morning. Please contact Kevin Down at

earlyarrival@iahoby.org or (712) 830-2070 for questions regarding the early arrival program.

- * **What if I am unable to attend the seminar?** If circumstances arise that prevent you from attending the entire seminar, including overnight, we would like to give another student the opportunity to attend. **Please return these forms to the person at your school who selected you, and follow up with a call to Rachel Anderson at (563) 605-0198.**
- * **Who may I contact should I have additional questions?** Additional questions or concerns should be directed to Rachel Anderson at registration@iahoby.org, (563) 605-0198, or Sarah Burke at lsc@iahoby.org, (515) 570-8619.
- * **What action should I take now?** With your parent or guardian, carefully review, complete and sign the forms enclosed with this packet and return to Rachel Anderson 603 12th Ave N. #6, Clear Lake, IA 50428
- * **When can I tell my parent or guardian to pick me up?** There will be a parent orientation at 11:30am in Dowstra Auditorium in Central Hall on Sunday June 13th, 2010. The Parent Banquet will be held in the Graham Conference Center at 12:30pm, tickets may be purchased **before the seminar** for \$15/adults and \$10/children under 12 years. Closing Ceremonies will be held in Dowstra Hall beginning between 1:30 and 1:45pm (free of charge) followed by an opportunity to meet staff members of Iowa HOBY and Check Out by 3:30pm.



Please return this form by *May 14, 2010* to:
Rachel Anderson
 603 12th Ave. N #6
 Clear Lake, IA 50428

Participant Confirmation Form

(Please type or print legibly)

Mr. / Ms. _____
(Last name) (First name)

Preferred name for nametag: _____ Gender: Male Female

Date of Birth: ____/____/____ Social Security # (last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: (_____) _____ Email: _____
Area Code

High School You Will Represent: _____

T-Shirt Size: S / M / L / XL / XXL / XXXL

Newspaper Name: _____ City: _____

Travel Information

Participant will arrive at the HOBY Leadership Seminar by: CAR BUS TRAIN PLANE

If traveling by car, participant will be driven by (name of driver): _____

Cell phone number: (_____) _____ OR _____ Participant will be driving him/herself to the seminar.
Area Code

Note: Participants that drive themselves to the seminar are required to surrender their car keys upon arrival; they will be returned at the conclusion of the seminar.

Parents: HOBY strongly discourages students from driving themselves to and from the seminar; students are typically very tired by the end of the weekend.

If traveling by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Arrival Date: _____ Arrival Time: _____ AM / PM

How will student be transported between bus/airport/train station and seminar facility? _____

If departure plans are different, please explain: _____

If departing by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Departure Date: _____ Departure Time: _____ AM / PM

I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

Signature of Parent/Legal Guardian: _____ Date: _____



Please return this form by *May 14, 2010* to:
Rachel Anderson
 603 12th Ave. N #6
 Clear Lake, IA 50428

Medical History Records Form

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PARTICIPANT PERSONAL INFORMATION

Last name	First name	Middle initial
Gender	Date of birth	Place of birth
(Area code) Telephone number	High school/Institution participant represents	
Participant's permanent street address		
City	State	Zip code

EMERGENCY CONTACT INFORMATION

Last name	First name	Relationship to participant
(Area code) Primary telephone number	(Area code) Secondary telephone number	
Name of family physician	(Area code) Physician telephone number	

PARTICIPANT PERSONAL MEDICAL HISTORY

Please check the following diseases the participant has had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | |

Check the following conditions the participant has had or are subject to now:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Nose Bleed |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Upset stomache |
| <input type="checkbox"/> Emphysema/ Bronchitis | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

What treatments or medications (if any) does the participant require for any of the above conditions? _____

Has the participant ever been hospitalized or had serious illnesses? If so, please explain in detail; use additional sheet if necessary. _____

If there are any limitations on the amount of physical exercise the participant can engage in, please describe and explain (use additional sheet of paper if necessary): _____

Please list all allergies (insect stings, plants, foods, etc.) and any dietary needs or restrictions, including vegetarianism. _____

Policy for Use of Medication During a HOBY Event

If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
 - a. The name and type of medication.
 - b. The condition for which the medication is being prescribed.
 - c. Dosage information.
 - d. Attestation that use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.



Please bring this form with you to check-in ONLY if you have prescriptions at seminar.

This form must be signed by the prescribing physician.

Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. This needs to be signed by the physician ONLY if the participant is taking PRESCRIPTION medication.) Please type or print legibly.

- 1. Name of Participant/Patient: _____
- 2. Prescribing Physician Name: _____
- 3. Prescribing Physician Medical License Number and State where licensed: _____
- 4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

- 5. Please affix physician's business card or voided prescription in the space below.
-

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Signature of Prescribing Physician: _____ Date: _____



Please return this form by *May 14, 2010* to:
Rachel Anderson
603 12th Ave. N #6
Clear Lake, IA 50428

Health Insurance Form

(Please type or print legibly)

1. Name of Participant: _____
2. Health insurance plan name: _____
3. Health insurance plan number: _____
4. Health insurance group number: _____
5. Check here _____ if participant is not covered by a health insurance plan.
6. Name of parent or legal guardian: _____
(Last) (First)
7. Emergency contact telephone number: _____
(Area Code)

Signature of Parent/Legal Guardian: _____ Date: _____



Please return this form by *May 14, 2010* to:
Rachel Anderson
 603 12th Ave. N #6
 Clear Lake, IA 50428

Consent & Acknowledgement of Risk Form

(This has to be NOTARIZED in order to attend seminar)

(Please type or print legibly)

Participant's Name: _____

Event/Activities: Iowa HOBY Leadership Seminar

Dates: Friday, June 11 to Sunday, June 13, 2010 Location: Central College in Pella, Iowa

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
- 2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
- 3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
- 5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
- 6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Participant: _____ **Date:** _____

IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

TO BE NOTARIZED

STATE OF _____ COUNTY OF _____

On _____ before me the undersigned, a Notary Public in and for said _____ State, personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

WITNESS my hand and official seal.

Signature: _____ Name: _____



Please return this form by *May 14, 2010* to:
Rachel Anderson
603 12th Ave. N #6
Clear Lake, IA 50428

Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT MAY BE USED AND DISCLOSED. PLEASE REVIEW THE BELOW INFORMATION CAREFULLY AND IF YOU AGREE, PLEASE EXECUTE THE ATTACHED AUTHORIZATION.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent provided by you to HOBY for up to seven years. We use and retain these records to provide or enable health care providers to provide quality medical care to your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.

A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information

HOBY collects health information about your minor child or dependent and stores it in a file and on a computer. These files are the property of HOBY, but the information belongs to you and your child or dependent. The law permits us to use or disclose your child or dependent's medical information for the following purposes:

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent as detailed below.

B. When HOBY May Not Use Or Disclose Medical Information

Except as described in this Notice of Privacy Practices, HOBY will not use or disclose health information which identifies your child or dependent without your written authorization.

C. Your Health Information Rights

1. Request for Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by way of a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
2. Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Hugh O'Brian Youth Leadership at 818-851-3980.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

E. Questions or Complaints

Questions or complaints about this Notice of Privacy or how HOBY maintains the medical information of your child or dependent should be directed to Hugh O'Brian Youth Leadership at 818-851-3980.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Parent/Legal Guardian: _____ **Date:** _____

Name of Participant: _____



HOBY AMBASSADOR RULES AND REGULATIONS

So that this seminar may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of any violation of the Rules and Regulations, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. **YOU MUST MAKE A COMMITMENT TO STAY FOR THE ENTIRE SEMINAR, INCLUDING OVERNIGHT.** If you have a scheduling problem, we strongly suggest offering the weekend to your school's alternate.
2. You are expected to be on time for all seminar functions and attend all scheduled activities, including meals.
3. You must wear your HOBY nametag at all seminar functions.
4. No outside guests are allowed in or around the seminar facility except for closing ceremonies.
5. You must stay within your assigned group during panel sessions. If you must leave a session, gain permission from your group facilitator and wait for an adult staff member to escort you. No ambassador is to leave the facility except for scheduled seminar events.
6. Room visitation by members of the opposite sex is not permitted.
7. No smoking, no drinking of alcoholic beverages and no unauthorized drug use is permitted.
8. No weapons, including but not limited to guns, knives (including pocket knives), pepper spray, mace, and similar items.
9. Any ambassador who has a medical problem that requires special care, treatment or medication must inform his or her group facilitator.
10. In case of emergency, contact your group facilitator or come directly to the Operations Room. There are chaperones and facilitators available 24 hours a day and they can be contacted at any time.
11. Lock your room door at all times, whether you are in it or not. Notify the security staff on-duty immediately if you need assistance.
12. Use the "Buddy System" when moving throughout the facility without your facilitator.
13. Ambassadors are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones in the dorm lobby.
14. Payment for any extra charges billed to a room (i.e., lost keys, lost towels, movies, room service, etc.) will be the responsibility of all ambassadors assigned to that room.
15. Ambassadors are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
16. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
17. Respect the rights of other facility guests and enter only those rooms and floors in which seminar-related activities are being held. Keep noise to a minimum.
18. Refrain from entering the Operations Room, except in case of an emergency.
19. Personal electronic/communication devices (iPods, MP3 players, Cell phones, handheld video games, etc.) are not allowed to be used during scheduled seminar functions. HOBY strongly discourages participants from bringing these devices to the seminar, if you do bring these items to the seminar; they are your sole responsibility.
20. The following attire is not permitted at any time: strapless/tube tops, tops with spaghetti straps, tank tops, bare midriffs, exposure of undergarments, short shorts, mini skirts, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes.
21. Conduct yourself with the highest level of decorum, morals, ethics, and conduct appropriate for a chosen representative of your school.



PARENT BANQUET & CLOSING CEREMONY REGISTRATION

Dear Parent/Guardian:

Congratulations on your student's selection as an Ambassador to this year's Iowa Hugh O'Brian Youth Leadership Seminar (HOBY). Both you and your child should be very proud of this honorable distinction. We are eager to have parents and guardians learn more about HOBY. To that end, you are cordially invited to attend this year's banquet and closing ceremony at Central College in Pella, Iowa.

The seminar will close with a Parent Orientation at 11:30 a.m. in Douwstra Auditorium in Central Hall on the Central College Campus and a banquet will follow in the Graham Conference Center at 12:30pm on Sunday, June 13th. Tickets for the banquet are \$15.00 per plate (\$10.00 for children 12 and under) and must be purchased prior to the seminar. Following the banquet, our closing ceremonies will showcase the outstanding Hugh O'Brian Youth Leadership experience. Please return the registration form below with your student's registration materials, and please note that the cost of the banquet for your son or daughter is included in the cost of the seminar.

The afternoon activities will conclude at approximately 3:30 pm, and your child will be able to leave at that time. We hope you will make every effort to attend the parent orientation, banquet, and closing ceremonies as this is a special event that we hope you and your child will celebrate together. If you do not wish to attend the banquet, please attend the closing ceremony, beginning between 1:30 pm and 1:45pm to be held in Douwstra Auditorium in Central Hall following the banquet, which is free of charge.

Thank you for affording us the opportunity to work with your talented child.

Sincerely,
Sarah Burke
Iowa HOBY Leadership Seminar Chair

P.S. We will also offer a brief Parent Q&A Session at the start of the seminar weekend on Friday morning at 8:20 and at 8:50 a.m. near registration.



Please return this form by *May 14, 2010* to:
Rachel Anderson
603 12th Ave. N #6
Clear Lake, IA 50428

Sunday Services Form

(All participants must fill out this form)

Dear Participant:

Optional religious services will be available BEFORE scheduled events on Sunday June 13th for the Iowa HOBY Leadership Seminar participants from 7:00-7:45am. There will be the option of Catholic Mass or a non-denominational service in the schedule. A bag breakfast will be outside your sleeping room door before 5:00AM on Sunday morning. Please note that you must eat before you attend your selected service as seminar events will begin 15 minutes following the service, any need to fast before your selected service will be the responsibility of the student. All students must eat breakfast prior to their selected service, please plan wake up times accordingly.

All participants must sign up for **one** of the following options:*

I prefer (check one):

- Non-denominational Service
- Catholic Mass
- I am not electing to participate in either service

Participant's Name: _____



Please return this form by *May 14, 2010* to:
Rachel Anderson
603 12th Ave. N #6
Clear Lake, IA 50428

Early Arrival Program

(Only fill out this form if you plan to arrive on Thursday evening)

Dear Participant:

We are pleased to offer an early arrival program for those students traveling from long distances. Check in for early arrival is on Thursday June 10th, 2010 from 6:00-8:00pm at Scholte Hall on the Central College Campus. There is a \$35 fee to defray the cost of housing for Thursday night, activities, staff supervision on Thursday night and breakfast on Friday morning. If you plan to arrive on Thursday night please fill out this form and return it with your confirmation packet and payment for early arrival. Please contact Kevin Down at earlyarrival@iahoby.org or (712) 830-2070 for questions regarding the early arrival program.

____ I plan to arrive on Thursday night between 6:00pm and 8:00pm at Scholte Hall on Central College Campus

Participant's Name: _____

Please make checks payable to Iowa HOBY (please do not send cash) and send with this confirmation packet. (If you are including payment for multiple items such as banquet tickets, early arrival and an advertisement please double check your totals and note in the memo section what payment is intended for.)



Please return this form by *May 14, 2010* to:
Rachel Anderson
 603 12th Ave. N #6
 Clear Lake, IA 50428

PARENT BANQUET & CLOSING CEREMONY REGISTRATION

_____ Yes, I will attend the Parent’s Orientation & Banquet (\$15.00 per person, \$10.00 per child—12 years and younger]) starting at 11:30 a.m.

_____ Yes, I will attend the Closing Ceremonies (free of charge) starting between 1:30 and 1:45 p.m. in the Graham Center

*indicates required information

*Parent/Guardian Name: _____

Mailing Address: _____

Email Address: _____

*Home Phone: _____

*HOBY Ambassador’s Name _____

*Name(s) of those attending:

Number attending Banquet # _____ x \$15 per person (\$10/child) = \$ _____
(Please do not include HOBY ambassador as they are already paid for)

Payment Method: (select one)

_____ Check - Make checks payable to Iowa HOBY (please do not send cash) and send with this confirmation packet. (If you are including payment for multiple items such as banquet tickets, early arrival and an advertisement please double check your totals and note in the memo section what payment is intended for.)

_____ Credit Card

If you are paying by credit card please mark that on this sheet and then head to this link
http://www.iahoby.org/seminar/banquet_payment.php.

It will direct you what to do after that. This is a safe and easy way for you to pay for the parent banquet.



Please return this form by *May 14, 2010* to:
Rachel Anderson
603 12th Ave. N #6
Clear Lake, IA 50428

Family Support Advertisement Form

(Only fill out this form if you wish to include a note of support or printed thank you to a sponsor.)

Dear Parent:

For families wishing to include a note of support to an ambassador or a printed thank you to a sponsor we are offering a special opportunity to purchase advertising space in our program booklet at a lower rate than is offered to businesses and other sponsors. Our program books are distributed to each ambassador and many of our sponsors during and after the Iowa HOBY Seminar.

Please select an ad size

_____ Full Page - \$100

_____ ½ Page - \$60

_____ ¼ Page - \$40

_____ Business Card Size - \$25

All messages of support and designs must be submitted by May 14th, 2010 to lsc@iahoby.org to be included in the program booklet. Below, please provide your preferred method of contact to confirm the ad design.

Name _____

Print message to ambassador or sponsor you wish to recognize:

_____ Please check if you will be submitting a design via email to lsc@iahoby.org.

Phone number _____

Email _____

Make checks payable to Iowa HOBY (please do not send cash) and send with this confirmation packet. (If you are including payment for multiple items such as banquet tickets, early arrival and an advertisement please double check your totals and note in the memo section what payment is intended for.)