STATE YOUTH ENTREPRENEURSHIP CONFERENCE 2013

"Empowering Today's Youth in a Global Business Market"

ALABAMA 4-H CENTER, COLUMBIANA, ALABAMA

APRIL 22-24, 2013

In today's global market, small businesses are the cornerstone of economic empowerment. Our youth are tomorrow's innovators, risk-takers, and achievers. Tuskegee University, Alabama A&M University, and Auburn University in conjunction with the Cooperative Extension Program and Alabama Cooperative Extension System will host the 1st Youth Entrepreneurship Conference at the Alabama 4-H Center, Columbiana, Alabama.

This conference will afford aspiring young entrepreneurs the opportunity to attend business workshops/seminars and interact with successful local, state, national, international entrepreneurs, offering an unforgettable experience!

Topics will include:

- **Becoming an Entrepreneur**
- **Benefits of Small Business Ownership**
- **Developing and Preparing Business Plans**
- **Success Stories**
- **Choosing the "Right" Business**
- **Achieving Your Dreams**

For more information contact:

Cooperative Extension Program
Tuskegee University, Tuskegee, AL
(334) 727-4440 • (334) 727-8812- fax
Email: doamekpor@mytu.tuskegee.edu
Website: www.tuskegee.edu

Issued in furtherance of the Cooperative Extension Act of September 1977, in cooperation with the U.S. Department of Agriculture. Tuskegee University Cooperative Extension Program offers educational programs and materials without regard to race, color, national origin, religion, sex, veteran status or disability. It is also an Equal Opportunity Employer.

"Empowering Today's Youth in a Global Business Market"

State Youth Entrepreneurship Conference 2013

The Youth Entrepreneurship Conference is being provided to you through scholarship funds. Applications will be received and accepted on a first come, first served basis **only**.

Please fax all completed forms to *334.727.8812* and mail hard copies to:

Attn: Jermelle Custer
Tuskegee University
Cooperative Extension Program
209 Morrison-Mayberry Hall
Tuskegee, AL 36088

NOTE: All forms **MUST** be submitted and post marked no later than **Tuesday, April 2, 2013**

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STATE YOUTH ENTREPRENEURSHIP CONFERENCE 2013

April 22-24, 2013 Alabama 4H Center Columbiana, AL

Deadline: Please submit and post mark no later than Tuesday, April 2, 2013

First Name: _____ Last Name: _____

Male ☐ Female ☐ Date of Birth: ____/____/_____ Age:_____

School:_____ Grade:_____

Home Mailing Address:_____

City: _____ State:_____ Zip Code:_____

Home Phone:_____ Parent Work:_____ Cell:_____

Parent email address:_____ Student email address:_____

Emergency Contact:_____ Phone:_____ Alternate Phone:_____

Skills and Interest:

Hobbies/Skills/Interest:_____

After school program involvement: _____

List any previous entrepreneurship trainings/workshops/camps/modules completed:

_____

Photography/Video/Media Release

For the purpose of providing information, photographs and/or video for publications and other marketing developed by Tuskegee University Cooperative Extension Program (TUCEP), its employees, administrators, agents, volunteers, contractors, presenters, designated representatives, partners, funding sources, and/or assigns to promote programs and activities associated with the Entrepreneurship Conference. I authorize the TUCEP/entrepreneurship conference program organizers to release information about my participation in the entrepreneurship conference to use, publish, and republish public information, photograph, film, audio/video tape, record/or televise my image and/or voice for use in publications or promotional materials related to the project, TUCEP youth program or 4-H youth development without any restriction by TUCEP, its employees, administrator, agents, volunteers , contractors, presenters, designated representatives, partners, and funding sources. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand and agree to the release of information that is already released. A copy of this form is valid to give my permission to release records.

If I **DO NOT** want photographs, videotaped or other media images to be used, please initial this line_____

Applicant's Signature:_____ **Date:**_____

Consent of parent or legal guardian if above individual is a minor:

I consent and agree, individually and, as parent or legal guardian of the minor named above, to the forgoing terms and provisions. I hereby warrant that I am of full age and have every right to contract for the minor in the above regard. I state further that I have read the above information release and that I am fully familiar with the contents.

Name:_____ **Relationship:**_____

Parent/Guardian's Signature:_____ **Date**:_____

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"Empowering Today's Youth in a Global Business Market"

ALABAMA 4-H CENTER, COLUMBIANA, ALABAMA

APRIL 22-24, 2013

Youth Entrepreneurship Conference Schedule

	Day One: April 22, 2013	Location
11:00 - 12:00	Registration	
12;00 - 1:00PM	Lunch	Cafeteria
1:15 - 2:00 PM	Open Session: Orientation & Conference Overview	
2:15 - 3:30PM 3:45 - 5:00PM	**Program I - General Session** **Workshop 1: Economics 101- Scarcity, Choices, Spending &Money (Interactive Activity)** **Workshop 2: Entrepreneurship 101:** **Workshop 3: The Legalities of Business:**	TBD
7:30 - 9:30PM	**REAL World (Interactive Activity)**	
	Day 2: April 23, 2013	
9:00 – 10:15AM 10:20 - 11:15AM	**Program 2- General Session** Workshop **4: Social Entrepreneurship:** Workshop **5: Entrepreneurs verses Inventors:**	TBD
12:30 - 2:45AM	**Program 3: General Session** **Workshop 6: Identifying Business Opportunities** **(Interactive Activity)**	TBD
(Concurrent sessions) 3:15 – 4:15 PM 4:30 – 5:30 PM Youth will select 2 workshops	**Program 4** **Workshop 7: Marketing Your Business** **Workshop 8: Financing Your Business and Microcredit** **Workshop 9: Developing Your Business Plan**	TBD
7:30 – 9:30PM	**Business Planning/Social**	
	Day 3: April 24, 2013	
9:00 - 10:30 AM	Closing /Session: Youth Entrepreneur(s) Aspiring Other Youth	Auditorium
11:00AM	Departure	

Note: We are expecting 100 participants

Confidential Confidential

[This Box to Be Completed by ACES Staff]
County: _____
Date of Receipt by County: _____/_____/_____

Alabama 4-H Parent and Youth Consent Form

All items on this form must be completely filled out by the participant and his or her parent or guardian. If an item is **not applicable** or there is **none**, indicate that by using ***N/A*** or ***None*** (for example: *no Family Doctor*). If this form is not completed in its entirety, the youth will not be able to participate in 4-H activities.

Youth's Name _____
Last First
Birth Date____/____/____ Age____ ☐Female ☐Male
Month / Day / Year
Home Address _____
_____
City State Zip
Home Phone ( ) _____
Parent/Guardian Work Phone ( ) _____
Family E-mail _____
Cell Phone ( ) _____
Primary Emergency Contact _____
Phone(s) ( ) _____
Alternate Emergency Contact _____
Phone(s) ( ) _____

Youth's Doctor _____
Phone ( ) _____
Health Insurance Co. _____
Policy # _____
Name of Insured _____
Relationship to Participant _____

Publicity Release

☐ I authorize Alabama 4-H or its assignees to record or photograph my image and/or voice and that of my child (if under 19) for use in research, educational and promotional programs and hereby convey all rights in perpetuity in such recording, photo, video or other media rights, including but not limited to Alabama 4-H or its assignee. I also recognize that these audio, video and image recordings are the property of Alabama 4-H.

☐ No, I do not authorize use of my – or my child's – individual image or voice.

Alabama 4-H may provide my child with ____ sunscreen and ____ insect repellent as needed.

HEALTH HISTORY

Does the youth have – or has ever had -- any of the following? Check ***Yes*** or ***No*** to each item. Please explain any ***Yes*** answers (noting the number of the item) in the space below ***or on additional paper***. Reporting a health condition will not prevent a person from attending and will be kept confidential.

		Yes	*No*
1.	Asthma	☐	☐
2.	Bronchitis	☐	☐
3.	Convulsions	☐	☐
4.	Diabetes	☐	☐
5.	Ear Infection	☐	☐
6.	Fainting	☐	☐
7.	Heart Condition	☐	☐
8.	Headaches	☐	☐
9.	Hypoglycemia	☐	☐
10.	Serious Insect Stings	☐	☐
11.	Wear Glasses	☐	☐
12.	Wear Contact Lenses	☐	☐
13.	Other Conditions	☐	☐
14.	Penicillin Allergy	☐	☐
15.	Aspirin Allergy	☐	☐
16.	Tetanus Allergy	☐	☐
17.	Other Drug Allergies	☐	☐
18.	Food Allergies	☐	☐
19.	Serious Ivy, Oak or Sumac Poisoning	☐	☐
20.	Other Allergies	☐	☐

Date of Last Tetanus Shot ____/____/____

Please explain ***Yes*** answers and provide information on **present medications**, recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, any specific activities to be restricted and other comments.

_____
_____
_____
_____
_____

These over-the-counter medications or generic equivalents may be administered to my child without contacting me: ☐ Antihistamine (Benedryl) ☐ Antacid ☐ Ibuprofen (Advil) ☐ Acetaminophen (Tylenol) ☐ Pepto-Bismol ☐ Decongestant ☐ Baby Aspirin ☐ Hydrocortisone ☐ Polysporin (antibiotic cream)

☐ ***Please contact me for permission prior to administering any over-the-counter medications.***

This form is valid for one year from signing. Please update all medical or other information as needed. [9/06]

Alabama 4-H Youth Code of Conduct

- I will attend all sessions of planned programs and will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship and fairness.
- I recognize that boys are not allowed in girls' rooms and girls are not allowed in boys' rooms except in rare cases when directly and fully supervised by adult chaperones.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will dress appropriately, use appropriate language, and value the rights of others.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten or harm another person nor abuse public or private property.
- When I have access to computers at ACES facilities, I will use the computer for educational purposes and will not access inappropriate web sites.
- I recognize that these guidelines are not "all inclusive" and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).*

4-H Member Signature _____

Date _____

SURVEY & EVALUATION RELEASE

☐ I hereby give permission ***for my child*** (under 19 years of age) and give consent ***for myself***, as a parent or guardian, to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that I and my child may choose not to participate and may withdraw from surveys or evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that I or my child may be asked for consent before completing a survey or an evaluation.

☐ No, I am not willing to participate – or give permission for my child to participate – in any program evaluation.

VERIFICATION

I, _____

(parent/guardian)

understand that participants will be supervised and that if a serious illness or injury develops, medical and/or hospital care will be given. I hereby give permission to the attending physician or other health care professional to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for me or my child and affirm that the information set forth in the Health History is true and correct to the best of my knowledge and belief. I understand that as a parent/legal guardian, I will be responsible for the cost of service or treatment.

[If, for religious reasons, you cannot sign this section, please contact 4-H personnel for necessary legal waivers.]

Parent/Guardian Signature _____

Date _____

I have read and understand the Alabama 4-H Youth Code of Conduct, Publicity Release and Survey & Evaluation Release.

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

I hereby agree that I understand the risks or have been given the opportunity to ask for information concerning risks involved in this activity and assume all risks and release Alabama 4-H, the Alabama Cooperative Extension System, local Extension offices, Auburn University, Alabama A & M University, the State of Alabama, the Alabama 4-H Foundation and 4-H Youth Development Center, and their trustees, agents, officers and employees, from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of me or my minor child in any Alabama 4-H sponsored activity, and this release is specifically granted in consideration of the services, programs and activities.

4-H Member Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

ALABAMA COOPERATIVE **Extension** SYSTEM

Issued in furtherance of Cooperative Extension work, acts of May 8 and June 30, 1914, and other related acts, in cooperation with the U. S. Department of Agriculture. The Alabama Cooperative Extension System (Alabama A & M University and Auburn University) offers educational programs, materials, and equal opportunity employment to all people without regard to race, color, national origin, religion, sex, age, veteran status, or disability.

This form is valid for <u>one year from signing</u>. Please update all medical or other information as needed. **[9/06]**