



**Civics In Action!
Iowa Caucuses 2020**

Application

Dates for Iowa travel are February 1, 2020 - February 4, 2020

Please submit this application, waiver form, medical form, student responses, and a \$775 deposit no later than May 15, 2018 (checks payable to KidUnity and mailed to David Snow - 2933 Gilmerton Ave LA. CA. 90064.)

STUDENT INFO

STUDENT NAME:

STUDENT CELL:

STUDENT EMAIL:

UNITED AIRLINES FREQUENT FLYER #:

BIRTHDAY (MM/DD/YYYY):

TSA PRE # (OPTIONAL):

PARENT/GUARDIAN INFO

PARENT / GUARDIAN NAME (1):

HOME ADDRESS:

CITY:

ZIP:

WORK PHONE:

CELL PHONE:

HOME PHONE:

EMAIL:

PARENT / GUARDIAN NAME (2):

HOME ADDRESS:

CITY:

ZIP:

WORK PHONE:

CELL PHONE:

HOME PHONE:

EMAIL:

AGREEMENT

FEES: Program fee for the workshops and travel is \$1,995 per student. Fees are payable to KidUnity by check. An initial non-refundable deposit of \$775 is due May 15, 2020. The final balance is due November 1, 2019.

ABSENCES: KidUnity is a non-profit program with fixed expenses. Therefore we cannot give credit or make-up days for the absence of your child. No refund shall be provided for non-attendance, late arrival, early departure, or dismissal for cause.

PHOTOGRAPHY & VIDEO CONSENT: Occasionally, KidUnity will use a participant's photograph and/or film/video for promotional purposes of the organization. Students will not be identified by last name. In addition, students will likely interact with politicians, and local and/or national media and may have their work and ideas published in local and/or national media.

CONFIDENTIALITY: KidUnity is committed to keeping personal family information confidential. We will only release information to parents/guardians.

CONDUCT: KidUnity's Civics In Action program is designed for mature students who have the interest and maturity to work with their peers and the public (reporters, law makers, policy experts, etc). KidUnity, in its sole discretion, reserves the right to dismiss a student if his/her behavior is deemed disruptive or dangerous to the group. No refund shall be provided for dismissal for cause and additional expenses related to dismissal will be the parents' responsibility.

RELEASE OF LIABILITY: I hereby agree to hold harmless KidUnity, KidUnity staff, Directors, administrators and Members of the Board of Directors from any liability related to any and all KidUnity activities and programs. I hereby acknowledge the existence of the implied risk associated with all programs for children and the areas where such activities and programs take place.

I have read and understood all the information included in this Agreement, and by signing, I agree to adhere to the terms of this Agreement. It is further understood that policies and terms of this Agreement may be changed and amended, and, that I shall be informed in writing of such changes with a 30-day notice. I have received a copy of this Agreement.

In the event that this Agreement is executed by one parent, I acknowledge that I am also acting as the agent of the other parent with authority to so enroll my child in KidUnity and to execute this Agreement on his or her behalf. I recognize that KidUnity relies upon the representations herein made in accepting this enrollment.

I HEREBY GIVE PERMISSION FOR _____ TO PARTICIPATE IN KIDUNITY'S CIVICS IN ACTION! IOWA CAUCUSES 2020 PROGRAM.

PARENT/GUARDIAN NAME (PRINT):

PARENT / GUARDIAN SIGNATURE:

DATE:



Civics in Action! Iowa Caucuses Program 2020

Authorization and Release

The undersigned, as the parent(s) having legal custody, or as the legal guardian(s) of _____, a minor, do hereby give permission, consent, and authorization for such minor to participate in the Civics in Action! Iowa Caucuses, during the period of November 1, 2019 - February 4, 2020, with travel to Iowa planned for February 1, 2020 - February 4, 2020.

The Undersigned knowingly and willingly hereby assume all risks associated with the participation in the above Program, including, but not limited to, transportation to and from the Program, and further agree to indemnify, defend, and hold harmless KidUnity, its agents, employees, officers, directors, successors, and assigns, including the driver of any vehicle in which the above child may be riding while engaged in the Program, and hereby fully and forever release and discharge such parties from any and all claims, demands, actions, cause of actions, suits, controversies, obligations, and liabilities of any nature whatsoever, including any personal injury or property damage sustained, incurred, or caused by said minor in connection with the aforescribed Program or any other events and occurrences while said minor is engaged in the Program or any activity related thereto.

Date

Signature of Parent or Guardian

I understand that the regulations set by KidUnity apply to my behavior. I understand and acknowledge that my violation of such regulations may result in my being sent home at my parents' expense.

Date

Signature of Student

Date

Signature of Parent or Guardian



Students should respond to the following questions and email the responses in a pdf to peter@kidunity.us

- 1.) Which candidate would you most like to meet in Iowa? Explain why you chose that candidate and what questions you would ask her/him. (maximum 200 words)
- 2.) What national political issue is currently most interesting to you and why? (maximum 200 words)
- 3.) How would you like to cover the Iowa Caucuses as a student journalist? (photo essay, news article, social media, blogging, etc ...) (maximum of 100 words)



Student Medical Form
Civics in Action: Iowa Caucuses 2020

Name of Participant
Home phone
Mother's cell phone
Father's cell phone
Address
City
State
In case of emergency, please notify: Parent(s)/Guardian(s) Name
Daytime phone number
Business phone number
Alternate person in case of emergency: please notify
Name/Phone of Family Physician
Family Medical Insurance Carrier
Child's Member #
Phone Number of Insurance Carrier

Participant Health Information

1. Does the participant have any physical or medical conditions or restrictions? Yes ___ No ___

If so, please describe:

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for four full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and also to include any special instructions.

2. Does your child have any dietary requirements or restrictions? Yes ___ No ___

If so, please describe:

3. Does your child have any allergies that may be of concern? Yes ___ No ___

If so, please describe the severity:

4. Has your child recently been ill or exposed to any communicable diseases? Yes ___ No ___

If so, please explain:

5. Medication. In order for your child to receive any medication during the Civics in Action: Iowa Caucuses program, an ADMINISTRATION OF MEDICATION form must be completed for each medication prescribed for the period your child will attend the program.

If your child is under a doctor's care for an acute or chronic condition, your physician should understand that your child will be away from home for a full four days. Any special instructions should be attached to this form.

Authorization and Consent for Participant Medical Treatment

1. Parent/Guardian will be notified immediately if a child becomes injured or seriously ill, and aid will be given according to the parent/guardian's wishes.
2. A child will not be released during the program to anyone other than a parent or guardian without written request by the parent or guardian.
3. I/We _____ do hereby authorize KidUnity as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and/or surgeon licensed under the provisions of state law who is on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain in effect through the completion of the travel at the end of the day February 4, 2020 unless revoked sooner in writing and delivered to said agents.

Parent/Guardian Signature _____

Date _____

Child Participant's Name _____

Please Print