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 Arkansas  
 Migrant  
 Education  
 Student  
 Leadership  
 Academy  
 —

Arkansas  
 4-H Center  
 —

#1 Four – H Way  
 Little Rock, AR  
 72223  
 Tel. (501) 821-4444  
 Fax (501) 821-2545

# AMESLA

## The ExCel Challenge Program

Arkansas Migrant Education sponsors an Arkansas Migrant Education Student Leadership Academy (AMESLA) where selected migrant students participate in an ExCel Challenge Program with educators who are experienced in working with youth and adults. ExCel uses dynamic outdoor activities to translate leadership skills immediately into real-life situations.

## AMESLA

- Teaches trust in self and others.
- Develops team player and spirit.
- Increases motivation and personal performance.
- Provides experimental, effective communication.
- Builds self-confidence in abilities.

Our major goal is for students to acquire these skills and experiences with the intention of positively affecting Arkansas' migrant drop-out rate and building positive role models among peers in their local schools and communities.

**ONLY 40 STUDENTS ACCEPTED – APPLY TODAY!**

### CONTACT INFORMATION

Arkansas Migrant  
 Education Program

3010 E. Hwy 22, Suite A,  
 Branch, AR 72928

Mobile: (501) 529-3200

Fri. – Arrive 5:00 P.M.  
 Sat. – Activities ALL day.  
 Sun. –Dismiss 10:00 A.M.

## The ExCEL Challenge Program

Arkansas Migrant Education sponsors an Arkansas Migrant Education Student Leadership Academy (AMESLA) where selected migrant students participate in an ExCEL Challenge Program with University of Arkansas educators who are experienced in working with youth and adults. ExCEL uses dynamic outdoor activities to translate leadership skills immediately into real-life situations. It is an adventure into self-confidence, clearer communication and new perspectives. Other objectives set forth include the following:

- Teaches trust in self and others.
- Develops team players and spirit.
- Provides experience in effective communication.
- Offers a greater appreciation and awareness of the relationships between people and their environment.

The major goals of AMESLA are for students to acquire these skills and experiences with the intention of positively affecting Arkansas' migrant drop-out rate and building positive role models among peers in their local schools and communities.

## El Programa Reto ExCEL

El Programa de Educación Migrante de Arkansas patrocina la Academia de Liderazgo de Estudiantes Migrantes (AMESLA, por sus siglas en inglés) donde los estudiantes seleccionados participarán en un programa de reto de ExCEL con los educadores de la Universidad de Arkansas que tienen experiencia en el trabajo con jóvenes y adultos. ExCEL utiliza actividades dinámicas al aire libre para traducir inmediatamente habilidades de liderazgo a situaciones de la vida diaria. Es una aventura en la confianza, la comunicación más clara y nuevas perspectivas. Otros objetivos incluyen los siguientes:

- Enseña a confiar en sí mismo y en otros.
- Produce sentido de compañerismo y entusiasmo.
- Demuestra como comunicar efectivamente.
- Ofrece una mayor apreciación y conocimiento de las relaciones entre las personas y su medio ambiente.

Los objetivos principales de AMESLA son para que los estudiantes adquieran estas habilidades y experiencias con la intención de graduarse de la escuela y ser ejemplos positivos en sus escuelas locales y comunidades.

Name: \_\_\_\_\_

**Student Contract**

If chosen to attend the Arkansas Migrant Education Student Leadership Academy (AMESLA),

I promise with the best of my ability to.....

1. Demonstrate respect for myself and others.
2. Obey all rules and safety guidelines.
3. Participate to the best of my abilities in all the program activities.
4. Promote the AMESLA once I return home, by demonstrating and sharing lessons learned in my home, school and community.
5. Increase my knowledge and skills about career options and resources.
6. Graduate from high school.
7. Further my education or seek a worthwhile career.

X \_\_\_\_\_

**Student's Signature**

Date: \_\_\_\_\_

**To be completed by school employee:**

Migrant Student ID # \_\_\_\_\_

Migrant Co-op Name &amp; School:

\_\_\_\_\_  
\_\_\_\_\_

Migrant Clerk/Tutor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Nombre: \_\_\_\_\_

**Contrato de Estudiante**

Si sea elegido para asistir a la Academia de Liderazgo (AMESLA),

Prometo en cuanto seapossible....

1. Demostrar respeto por los demás.
2. Obedecer todas las reglas de seguridad.
3. Participar en todas las actividades del programa.
4. Promover el programa de AMESLA una vez que regrese a casa, a demostrar y compartir las lecciones aprendidas allí en mi casa, escuela y comunidad.
5. Aumentar mis conocimientos y habilidades sobre las opciones de carrera y recursos.
6. Graduarme de la escuela preparatoria.
7. Continuar con mi educación o buscar una carrera que valga la pena.

X \_\_\_\_\_

**Firma del Estudiante:**

Fecha: \_\_\_\_\_

**Student Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

What are your academic (school) and vocation (work) goals? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List school and community activities you've been involved in (sports, clubs, church, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List interests and pastimes: \_\_\_\_\_  
\_\_\_\_\_

**Aplicación de Estudiante**

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Ciudad: \_\_\_\_\_ Zip: \_\_\_\_\_

Teléfono: \_\_\_\_\_

Correo Electrónico: \_\_\_\_\_

Grado Actual: \_\_\_\_\_ Edad: \_\_\_\_\_

Masculino: \_\_\_\_\_ Femenino: \_\_\_\_\_

Raza: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Lugar de nacimiento: \_\_\_\_\_

Nombre de la madre: \_\_\_\_\_

Nombre del padre: \_\_\_\_\_

¿Cuáles son sus metas de vocación (trabajo) y académicas (escuela)?  
\_\_\_\_\_  
\_\_\_\_\_

Lista de actividades escolares y comunitarias en las cuales has participado (deportes, clubes, iglesia, )  
\_\_\_\_\_  
\_\_\_\_\_

Lista de intereses y pasatiempos: \_\_\_\_\_  
\_\_\_\_\_

**Medical Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please answer the following questions.

Yes      No      Do you have any allergies to foods, drugs, insect bites, dust? Please identify them and your reaction.

\_\_\_\_\_

\_\_\_\_\_

Yes      No      Do you have any physical disabilities or conditions which might limit your participation? Please identify them.

\_\_\_\_\_

\_\_\_\_\_

Yes      No      Are you presently taking any medications? Please identify the medication. \_\_\_\_\_

\_\_\_\_\_

In case of emergency contact:

- Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Do you have medical insurance? Yes No

If so, name of insurance company: \_\_\_\_\_

\_\_\_\_\_

Policy number: \_\_\_\_\_

**Información Médica**

Nombre: \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Por favor conteste las siguientes preguntas.

Sí No ¿Tiene alguna alergia a alimentos, medicamentos, picaduras de insectos, polvo? Por favor identifiquelos y su reacción.

\_\_\_\_\_

\_\_\_\_\_

Sí No ¿Tiene alguna discapacidad física o condiciones que podrían limitar su participación? Por favor, identifiquelos.

\_\_\_\_\_

\_\_\_\_\_

Sí No ¿Está actualmente tomando algún medicamento? Por favor identifique el medicamento. \_\_\_\_\_

\_\_\_\_\_

En caso de emergencia contacte:

- Nombre: \_\_\_\_\_  
Teléfono: \_\_\_\_\_  
Relación: \_\_\_\_\_
- Nombre: \_\_\_\_\_  
Teléfono: \_\_\_\_\_  
Relación: \_\_\_\_\_

Tienes seguro medico? Sí No

Si tiene, nombre de compañía de seguros: \_\_\_\_\_

\_\_\_\_\_

Número de póliza: \_\_\_\_\_

**Medical Authorization**

Student's Name: \_\_\_\_\_

Age: \_\_\_\_ School District: \_\_\_\_\_

I, the undersigned parent, give the AMESLA nurse permission to .....

- Administer over-the-counter medications deemed necessary while at AMESLA.
- Obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).
- Obtain medical treatment and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

I certify that the health history on the previous page is correct and the participant has my permission to engage in all program activities.

I understand that I am financially responsible for any emergency medical charges and hereby guarantee full payment to the medical clinic, hospital, and physicians providing such services.

\_\_\_\_\_  
Parent/Guardian Printed Name

**X** \_\_\_\_\_  
Parent/Guardian Signature

**Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Autorización Médica**

Nombre del Estudiante: \_\_\_\_\_

Edad: \_\_\_\_ Distrito Escolar: \_\_\_\_\_

Yo el padre/la madre, doy mi permiso a la enfermera de AMESLA para...

- Administrar medicamentos que considere necesarios mientras esté en AMESLA.
- Obtener tratamiento médico rutinario de proveedores de atención médica adecuados si se presentan síntomas de la enfermedad (fiebre, tos, irregular de respiración, sarpullidos inusuales, deglución, problemas, etc.).
- Obtener tratamiento médico y los procedimientos para el niño como puede ser apropiada en circunstancias de emergencia, incluyendo el tratamiento por médicos, personal de hospital y clínica y otros proveedores de atención médica adecuadas.

Yo certifico que la historia de salud en la página anterior es correcta y el participante tiene mi permiso de participar en todas las actividades del programa.

Entiendo que soy financieramente responsable por cargos de emergencias médicos y por la presente garantiza el pago completo de la clínica médica, hospital y prestación servicios medicos.

\_\_\_\_\_  
Padre/Guardian

**X** \_\_\_\_\_  
Firma del Padre/Guardian

**Fecha:** \_\_\_\_\_

**Telefono:** \_\_\_\_\_

## Publications/Photographs Consent

The Arkansas Migrant Education Student Leadership Academy has my permission to use name, photographs, writings, quotes, audio recordings and/or biographical information taken of my child for educational, promotional or advertising purposes in furtherance of the objectives of the Arkansas Migrant Education Student Leadership Academy, without compensation for such.

**Student Name:** \_\_\_\_\_

**Parent/Guardian Printed Name:**

\_\_\_\_\_  
**Parent/Guardian Signature:**

**Date:** \_\_\_\_\_

## Consentimiento, Fotografías, Publicaciones

La Academia de liderazgo de estudiante de Educación Migrante Arkansas tiene mi permiso para usar el nombre, fotografías, escritos, citas, grabaciones de audio o información biográfica tomada de mi hijo para fines educativos, promocionales o publicitarias en cumplimiento de los objetivos de la Academia de liderazgo de Arkansas migrantes educación estudiante, sin compensación por tales.

**Nombre del estudiante:** \_\_\_\_\_

**Nombre impreso del padre/guardian:**

\_\_\_\_\_  
**Firma del padre/guardian:**

**Date:** \_\_\_\_\_

If **mailed**, send to:

**Damaris Tomlison**  
Migrant Education Program  
3010 E. Hwy 22, Suite A,  
Branch, AR 72928

If sent via **fax**, send to:

**Damaris Tomlison**  
Migrant Education Program  
**Fax # (479) 965-2723**



Name \_\_\_\_\_ Age \_\_\_\_\_ Work Phone \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In case of Emergency contact: \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION**

I am aware in signing this statement for participation in the programs at the Arkansas 4-H Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using the High Ropes Course and Initiatives Course include: Slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures or other injuries. Please note that most activities are conducted in the out-of-doors in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid exposure to the elements. The instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities which lead to the experiences at the ExCEL Challenge Program at the Arkansas 4-H Center.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ExCEL Challenge Program.

**EMERGENCY MEDICAL INFORMATION**

**Please Check Yes or No**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Allergies to foods, drugs, insect bites, dust. Please identify them and your reaction.          |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical disabilities or conditions which might limit your participation. Please identify them. |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are presently taking medication, please identify the medication.                         |

**MEDICAL AUTHORIZATION**

**Parent or legal guardian must sign for all persons under 18 years of age.**

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the University of Arkansas, the Arkansas 4-H Foundation, the Arkansas Cooperative Extension Service, or its employees for any injury or damage received by my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history on the front is correct and the participant has my permission to engage in all program activities.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the 4-H events and/or the Cooperative Extension Service in or to process claims.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care units.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(If 18 or under, parent or Guardian must sign.)**



## PUBLICATIONS, VIDEO, INTERNET CONSENT AND RELEASE AGREEMENT FOR YOUTH



Youth who attend or participate in programs or events conducted by the University of Arkansas Cooperative Extension Service are occasionally asked to be part of the county and/or statewide publicity, promotion, marketing efforts and/or public relations activities or projects, and/or to appear in educational and curriculum material developed by the Cooperative Extension Service. In order to guarantee your child's privacy and ensure your agreement for your child to participate, the University of Arkansas Cooperative Extension Service asks that you sign and return this form for each of your participating children to your county Cooperative Extension Service office.

By your signature on this form, you approve the University of Arkansas Cooperative Extension Service, should it choose, to use your child's name, picture, art, written work, voice, verbal statements or portraits (video or still) in any educational and/or promotional printed or electronic piece that furthers Extension's educational and/or public relations efforts during this and subsequent years. This includes but is not limited to external news media outlets, printed and/or broadcast, Cooperative Extension web site, brochures, displays, newsletters, curriculum guides, purchased advertisements or other means of communicating with the public about Cooperative Extension Service programs and services. The pictures, recordings, articles, copy or other means of communications may or may not personally identify your child.

### AGREEMENT

Youth and Parent/Guardian release to the University of Arkansas Cooperative Extension Service by indicating below, consent to their use by the University of Arkansas Cooperative Extension Service. Please mark the following options:

- |   |   |
|---|---|
| <input type="checkbox"/> Child's name     | <input type="checkbox"/> Picture, Portrait (video or still) |
| <input type="checkbox"/> Art              | <input type="checkbox"/> Written work                       |
| <input type="checkbox"/> Voice            | <input type="checkbox"/> Verbal statement                   |
| <input type="checkbox"/> All of the above |   |

The University of Arkansas Cooperative Extension Service agrees that the youth's name, picture, art, written work, voice, verbal statements, portraits (video or still) will only be used for Extension's public relations, public information, promotion, publicity and marketing efforts and/or to support its educational program.

Youth and Parent/Guardian understand and agree that:

- No monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photographs, video or student statements may be used in subsequent years;
- If the Youth and Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice.

Effective Date of Agreement \_\_\_\_\_

Youth's Name \_\_\_\_\_

Youth's Signature if at least 18 years old \_\_\_\_\_

Parent/Guardian: (Print name) \_\_\_\_\_

Signature \_\_\_\_\_



## ARKANSAS 4-H CENTER ExCEL POLICY

1. ExCEL programs start between 8:30 a.m. and run to 4:00 p.m. Please coordinate if alternate times are needed.
2. The ExCEL program is for **eighth grade and up**. A **maximum of 20 participants** will be allowed on the high ropes at the same time. To increase this maximum would require an additional Certified Instructor. While we offer this option, to assure a quality experience, we do not recommend more than 20.
3. **All participants must sign** an Arkansas 4-H ExCEL Challenge Waiver of Liability Form (release form) in order to participate in the program. Youth under 18 years of age must have the form signed by a parent or guardian or they will not be allowed to participate. **No exceptions.**
4. **Youth groups must be accompanied by a minimum of two adults.** Additional adults are recommended for special youth at risk groups. Adults must stay with group at all times.
5. The required deposit must be paid by the specified time indicated in your letter of confirmation. The deposit assures your booking and is **non-refundable**.
6. **We reserve the right to cancel or offer other programs at our discretion due to inclement weather that poses a safety concern** (i.e. extreme hot, extreme cold, thunderstorms, downpours, ice or snow). **ExCEL programs will operate in non-threatening inclement weather, so come prepared!** An option of providing an indoor challenge may be offered. Rescheduling is also an option.
7. The goals and objectives of the program are most beneficial for first time participants. If the whole group is returning, please advise your Facilitators so we can alter the format of the program to fit your group.
8. **Participants exceeding 275 lbs.** or participants who are unable to fit properly into a seat harness will be required to stay on the ground for the high activities because of equipment recommendations. Please inform participants of this requirement.
9. **The organization and the person making arrangements for this function will be responsible for all materials and equipment broken or lost.** The charge will be based on the replacement cost of materials and equipment.
10. Groups spending the night at the 4-H Center are required to follow 4-H Center Lodging Rules. Both an adult male and an adult female chaperone must accompany mixed (male **and** female) youth groups during overnight stays.
11. **Lodging at the 4-H Center is by reservation only.** Lodging and meal requests should be made at least two weeks prior to the activity.
12. **A guarantee of exact attendance for all meal functions must be made at least ten working days in advance of the scheduled day.** Changes cannot be made within 7 days of program date and final number is not subject to any reduction.
13. When the conference center is in use with other groups, please respect others by keeping the noise level down while in the conference buildings.
14. No smoking, candy, gum, food, etc., are allowed during ropes course workshop.
15. Dangling earrings, necklaces or jewelry of any kind should not be worn during the program.
16. **The business phone is (501) 821-6884.** After business hours, the number **(501) 821-4444** is for emergency use only. Public phones are available for lodging resident use.
17. Please leave pagers, cell phones, guns and knives at home.

Arkansas Cooperative Extension Service 2301 South University Avenue Little Rock AR 72204 501-671-2000	ExCEL Arkansas 4-H Center Programs #1 Four-H Way Little Rock AR 72223 501-821-6884; fax 501-821-1170
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