



**Youth About Business**  
**Parental Consent Form**

**“Excellence is the Standard”**

I hereby give permission for my (check one) ☐ son / ☐ daughter (please print student full name)

to attend & participate in the Advanced Camp Program. I further understand that this is a resident camp. I do understand that photos, videos and written responses will be taken, and may be used in marketing material to promote student participation in the YAB program. Media may be used to market the program to both sponsors and the general public.

I understand that all program participants are asked to agree to a rigorous but exciting business schedule, and that my child has agreed to adhere to all policies and rules, including but not limited to the “Code of Conduct”. I understand that the staff of the YAB reserves the right to terminate my child from the program at any time, in the event of any policy or rule violation.

I understand the YAB is a privately funded program and not part of any school program. I hereby voluntarily waive any claim(s) against *Creating an Environment of Success, Inc., the YAB LDP, any of the participating universities, and all other sponsors and parties associated with the YAB LDP*. Any accident or other situation that may arise from participation in this program, including but not limited to the five-day residence at partnering universities shall be exempt of all recourse.

Should my child require medical treatment or hospitalization for any accident or illness during the program, the attending physician and/or hospital is authorized to treat my son/daughter. My child's insurance information provided to Youth About Business.

- ☐ I have reviewed the online acceptance form with my child and completed the required fields on the form to submit including:
  - Parental Contact Information
- ☐ After Acceptance, I will make sure to follow up on filling out the
  - Health Insurance Liability Information
  - Emergency Contact Form for In Person Events

**Guardian/Parent First & Last Name (Please Print):** \_\_\_\_\_

**Guardian/Parent Relationship to Child:** \_\_\_\_\_

**Guardian/Parent Contact Telephone #:** \_\_\_\_\_

**Guardian/Parent Email Address #:** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_

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



## Youth About Business Code of Conduct Form

### “Excellence is the Standard”

Each participant in the Youth About Business Leadership Development Program (YAB LDP) is expected to adhere to the standards set forth in this *Code of Conduct*. Failure to follow the rules and maintain a standard of excellence in behavior may result in expulsion from the Camp. Participants agree to:

#### In Person Meetings:

1. Live & eat on campus for the full week of YAB LDP, residing in the residential hall. Remain on the residence grounds at all times
2. Adhere to the business casual dress code, except for those events that require business attire.
3. Refrain from inviting anyone who is not a participant in YAB LDP to stay in the assigned dorm room(s).
4. Respect and maintain campus/dorm/business & city property. Obey the rules of the campus and follow the schedule of the YAB LDP, including, but not limited to, the lights out policy.
5. Consumption of drugs, tobacco and/or alcohol is unacceptable and will not be tolerated at any time. Violation of this standard will result in immediate termination from further participation in the Camp.

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#### Participant Acknowledgement

I have read and understand this Code of Conduct. I further understand that any infraction of the standards listed above will result in a first warning and am subject to termination from further participation, including being asked to leave the program/campus. I also understand that violation of the standard (8) regarding drug, tobacco and/or alcohol consumption will result in immediate termination from the YAB LDP program.

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Participant Name (Print)

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Participant Signature

Date

#### Guardian/Parent Acknowledgement

I have read and discussed the Code of Conduct with my son/daughter. I agree with the standards set forth and understand that YAB LDP may terminate further participation in any SBC program if any of the standards are violated.

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Guardian/Parent Name (Print)

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Guardian/Parent Signature

Date