# 2023 HERMANITAS APPLICATION
# REGISTRATION FORM/FORMA DE INSCRIPCION

(PLEASE PRINT/FAVOR DE USAR LETRA DE MOLDE)

**Name/Nombre:**_____

**Address/Dirección:**_____

**City/Ciudad**:_____ **State/Estado:** _____ **Zip Code/ Código Postal**:_____

**Telephone/Teléfono:** _____**Cell:**_____

**E-mail/Correo Electrónico:**_____

**Age/Edad:**_____ **Date of Birth/Fecha de Nacimiento:** _____/_____/_____ (day/month/year)

**Allergies or Special Needs (Please Explain)/Alergias o Necesidades Especiales (Favor de Explicar):**

_____

**School/Escuela:** _____ **Grade/Grado:**_____

**School Activities / Actividades Escolares:** _____

_____

**Parent/Guardian's Name/ Nombre de Padre/Guardian:** _____

**Address/ Dirección Residencia:** _____

**City/Ciudad**:_____ **State/Estado:** _____ **Zip Code/Código Postal**:_____

**Telephone/Teléfono:** _____**Cell:**_____

**E-mail/Correo Electrónico:** _____

**Name of MANA Chapter or Affiliate/Nombre de Capitulo o Afiliación de MANA:** **MANA de Imperial Valley**

**Emergency Contact/Contacto En Caso de Emergencia:**_____

**Telephone/Teléfono:** _____**Cell:**_____

*Email registration form/Favor de enviar la inscripción por email a: hermanitasiv18@gmail.com. For questions please call / Para preguntas favor de llamar a 760-679-2330. Applications are due July 31, 2023.

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## PERSONAL INFORMATION

***"I would describe myself as…"*** (use as many words that describe you ☺ )

| | | | | | |
|---|---|---|---|---|---|
| QUIET ☐ | OUTGOING ☐ | INQUISITIVE ☐ | SENSITIVE ☐ | HAPPY ☐ | ORGANIZED ☐ |
| ADVENTUROUS ☐ | NERVOUS ☐ | FRIENDLY ☐ | CONFIDENT ☐ | MOODY ☐ | DEDICATED ☐ |
| WITHDRAWN ☐ | INSECURE ☐ | SPIRITUAL ☐ | TALKATIVE ☐ | SHY ☐ | AUTHENTIC ☐ |

What is your favorite subject? _____

What is your least favorite subject? _____

## INTRODUCTION

Introduce yourself to the MANA de Imperial Valley - Hermanitas Program by writing a little bit about yourself. Tell us what your plans are after high school, what college or university you'd like to attend and why, how you plan to prepare yourself to meet your goal, what motivates/drives you to obtain this goal, and finally, tell us what you expect to gain from this experience. Please print (100 words or less) using blue or black ink.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

MANA de Imperial Valley
HERMANITAS LEADERSHIP ACADEMY
PARENT/GUARDIAN CONSENT FORM
*Required for all participants*

**PERMISSION TO PARTICIPATE IN THE *MANA Hermanitas Leadership Academy***

My child, _____, may participate in the MANA Hermanitas Leadership Academy, which will take place from September 2023 through October 2023.

**PHOTOGRAPH, VIDEOTAPE, AND/OR SOUND RECORDING AUTHORIZATION AND RELEASE**

I _____ the parent of _____ hereby voluntarily, and without compensation, authorize and consent that MANA de Imperial Valley, its legal representatives, successors, or assigns shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, videotapes, or other media material, and/or sound may be included in whole or in part, whether apart from, or in connection with, illustrative or written printed matter, story or news items, motion pictures, or for any other lawful purpose whatsoever, in conjunction with my own or fictitious name, or in reproduction thereof.

I hereby waive all claims for any compensation for such use.

I hereby waive any right that I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied.

I grant permission to photograph/videotape my son/daughter. ☐ Yes ☐ No

**Signature** _____ **Date**_____

**MEDICAL AUTHORIZATION**

Should it be necessary for my child to have medical treatment while participating in the MANA de Imperial Valley Hermanitas Leadership Academy, I hereby give my permission for Hermanitas Coordinators to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by MANA de Imperial Valley to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician or the workplace if needed.

| | |
|---|---|
| **STUDENT NAME** | **DATE OF BIRTH** |
| **ADDRESS** | **HOME PHONE** |
| **PARENT/GUARDIAN** | **DAYTIME PHONE INFORMATION** |
| **FAMILY DOCTOR** | **PHONE** |
| **PREFERRED HOSPITAL** | **PHONE** |

***Does your child require special accommodations due to medical limitations, disability, dietary constraints, or other restrictions?*** Please explain. _____

☐ Yes I hereby agree to all of the above authorizations and permissions.