



**2022 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 760-427-0738. **Applications are due April 26, 2022.**



2022 HERMANITAS APPLICATION
REGISTRATION FORM/FORMA DE INSCRIPCION
(PLEASE PRINT/FAVOR DE USAR LETRA DE MOLDE)

PERSONAL INFORMATION

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

Table with 6 columns and 3 rows of personality traits: QUIET, OUTGOING, INQUISITIVE, SENSITIVE, HAPPY, ORGANIZED; ADVENTUROUS, NERVOUS, FRIENDLY, CONFIDENT, MOODY, DEDICATED; WITHDRAWN, INSECURE, SPIRITUAL, TALKATIVE, SHY, AUTHENTIC.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 do 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.

Multiple horizontal lines for writing the introduction.

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 June 2022 through July 2022.

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 to 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. _____

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