

# MACS Entrepreneur i-Own Business Camp

2016 APPLICATION

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Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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The MACS Entrepreneur ***i-OWN*** Business Camp at MACS will continue as a 5 week summer session starting Monday, June 27<sup>th</sup> from 10AM-2PM (Monday through Friday). The last day of the summer program will be Friday, July 29<sup>th</sup>. (There will be no program on July 4th) Lunch will be provided each day during the summer program.

**Transportation to and from the program is the responsibility of the participant.**

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Please initial next to each item below to confirm your commitment:

\_\_\_\_\_ I am willing and able to get to and from Manchester Academic Charter School each day. The mode of transportation I plan to use is (e.g. ride from parent, car pool, walk, bus).

\_\_\_\_\_ I am willing and able to attend all 5 weeks of the program and participate in the sales events, barring any unforeseen emergencies.



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## Parent/Guardian Media Permission Form (For applicants *under* the age of 18)

Name of Parent/Legal Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

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

I am the parent/legal guardian of the child named above, who is under the age of 18. I hereby provide permission for Entrepreneurial Youth (E Youth) and Manchester Academic Charter School (MACS) to use, reproduce, electronically publish and display my son/daughter/ward's name, photograph, and any information provided by my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and Internet web sites. I understand that this media will be accessible throughout the world and that stories including my son/daughter/ward may appear in written, video and electronic form.

I understand that information provided by my son/daughter/ward will be used to promote E Youth, MACS, and entrepreneurship education generally. I release E Youth and MACS and E Youth's and Macs' agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by my son/daughter/ward in the permitted manner.

Signature of parent/legal guardian: \_\_\_\_\_

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



# MACS Entrepreneur i-Own Business Camp

MACS Business Camp is built on core beliefs and shared values. These beliefs and values compel us to create a safe, calm and disciplined environment that encourages young people to discover their talents and explore the many possible pathways to a fulfilling and economically secure life. In order to achieve this environment an atmosphere of mutual respect must exist between students, staff, volunteers and parents. The ***i-OWN*** program is a unique hands on experience providing the opportunity to integrate knowledge with real life experience. In the spirit of unity each of us must recognize our own self worth and mutually respect each other promoting a productive team atmosphere.

Participation in the ***i-OWN*** program is a privilege, one that is earned and maintained through a positive attitude about learning and a genuine desire to be an active member of its community. It is critical that these guidelines are taken seriously and upheld with diligence and rigor.

- I will arrive on time, attend regularly and participate in all course activities.
- I will always receive permission before using a walkman, mp3 player, cell phone or other electronic device.
- I will use time productively, listen intently and work to the best of my ability.
- I will respect personal privacy and property of peers, faculty and staff.
- I will respect tools, equipment, facilities and grounds and use materials wisely.
- I will socialize only during scheduled breaks.
- I will respect the MACS environment and all other business or collegiate facilities by speaking quietly in hallways and avoiding running or horseplay, etc.
- I will refrain from tobacco, alcohol or drug use and understand that violation of this rule may result in immediate suspension from this program.
- I will assume responsibility and accept the consequences of my actions.
- I will remain with the class until the bus or my ride has arrived.
- I will always consult an instructor before leaving the group for any reason.
- I will act as a role model by demonstrating values of respect, active listening, embracing new knowledge and learning.

As a member of the ***i-OWN*** program I know that I contribute to and sustain its culture by adhering to all of the guidelines stated above. By signing below I acknowledge my commitment to follow these guidelines and I understand that violation of these guidelines may result in the elimination of my wage and/or suspension from this program.

Student's Name (please print clearly) \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

