



EDUCATE HONOR CHALLENGE

## Preparing *Spirit of America Youth Leadership Program*

### **Forms:**

Enclosed in your registration packet are several forms that must be returned to the Freedoms Foundation two weeks prior the Spirit of America Youth Leadership Program.

These forms include:

1. *Student Information Form*
2. *Medical Information Form with Parental Consent*
3. *Honor Code*
4. *Talent Release Form*
5. *Travel Information Form*

**Please complete all five forms and return to Freedoms Foundation by April 11, 2019.**

Freedoms Foundation at Valley Forge  
Education Office – Spirit of America Program  
Box 67  
Valley Forge, PA 19481-0067

E-mail to [csantangelo@ffvf.org](mailto:csantangelo@ffvf.org) or fax to 610.935-0522

### **“Leave-at-Home” Information:**

Contacting a student – In case of an emergency, you may contact a student by calling the Program Director's cell phone at 610-960-3357. Please be sure to leave your name and phone number. The Foundation's fax number is 610-935-0522.

### **Registration:**

Registration is held Thursday afternoon in the Martha Washington Building. During registration you will receive your weekend program and room key. Following registration you may have some time to unpack and meet other participants before dinner.

# Freedoms Foundation at Valley Forge

## Student Information Form (Must be printed or typed)

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

Birth Date: \_\_\_\_\_ Please mark one  Male  Female

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

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

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Conference Date: **April 25-28, 2019**

### School Information

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

Grade Level: 9 10 11 12

Academic Ranking: Top 10% Top 20% Top 30% Top 50%

### Personal Information

Organizational Memberships: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

Hobbies//Sports/Travel: \_\_\_\_\_

FREEDOMS FOUNDATION AT VALLEY FORGE  
STUDENT MEDICAL INFORMATION FORM

**Please include a photocopy of the student's health insurance card.**

**This form consists of FOUR sections. In order to be admitted to the Spirit of America Youth Leadership Program, each section needs to be completed with the required signatures and returned to Freedoms Foundation by April 11, 2019.**

**NAME OF PARTICIPANT** \_\_\_\_\_

**I. PARENT'S WAIVER**

We (I) hereby give permission for the above named student to attend the Spirit of America Youth Leadership program on April 25-28, 2019 to be conducted at Freedoms Foundation at Valley Forge. We (I) hereby release and discharge the Freedoms Foundation at Valley Forge, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we (I) may or shall have reason of any illness, injury or accident incurred or suffered by the above named participant at this conference and in the course of travel by any means to and from and while on the premises of the Freedoms Foundation at Valley Forge, no matter how caused or occasioned.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

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

\_\_\_\_\_  
**Signature of Parents/Guardians**

**Telephone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Parents/Guardians E-Mail** \_\_\_\_\_

**I. INSURANCE**

Freedoms Foundation does not carry medical insurance to cover participants. All participating students should be covered by personal or family insurance.

We (I) hereby certify, under penalty of perjury, that the above named student is covered by medical insurance.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

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

\_\_\_\_\_  
**Signature of Parents/Guardians**

**Insurance Company** \_\_\_\_\_

**Policy/Group number** \_\_\_\_\_

**Expiration Date of insurance** \_\_\_\_\_

Please list emergency number(s) other than those above at which parent, guardian, or another relative may be reached during the conference.

***(Please print and relationship to student)***

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**II. PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event that our (my) child \_\_\_\_\_ becomes ill or sustains an injury while under the supervision of the Freedoms Foundation staff, we (I) hereby give permission to administer first aid for our (my) child's relief. If it is not practical to return our (my) child to us (me), or to receive our (my) instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines and to perform such surgical procedures as the licensed physician and/or surgeon shall think the existing emergency requires for the relief of pain, and to preserve our (my) child's life and health. We (I) understand and agree that while the Freedoms Foundation staff may seek medical treatment for our (my) child, we (I) hereby release and discharge the Freedoms Foundation, its officers, agents, instructors and employees, for any and all demands, suits, actions or causes of actions that we (I) may or shall have by reason of arranging for such medical treatments or from failure to seek such medical treatments.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

\_\_\_\_\_  
Date\_\_\_\_\_

**Signature of Parents/Guardians**

### III. STUDENTS MEDICAL HISTORY

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of most recent exam \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Telephone \_\_\_\_\_

#### HEALTH HISTORY

*Please provide any information about a student's health history that may impact their participation in the program. This may include health concerns, food and medication allergies (see below), and/or current medications (see below). Attach additional pages if necessary.*

#### CONDITIONS

- Frequent ear infections
- Heart defect/disease
- Convulsions
- Diabetes
- Bleeding/Clotting disorders
- Hypertension
- Mononucleosis
- Hepatitis

#### ALLERGIES

- Hay Fever
- Ivy poisoning, etc.
- Insect Stings
- Asthma
- Penicillin
- Other Drugs

#### IMMUNIZATIONS

- Chicken Pox
- Measles
- Mumps
- Rubella
- DTaP

Food Allergies \_\_\_\_\_

Current Medication taking \_\_\_\_\_

Medication allergies \_\_\_\_\_

List any condition or illness that Freedoms Foundation should be aware of that is not mentioned \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR PROVIDING US WITH THIS INFORMATION.

# Honor Code

As a participant in the Spirit of America Youth Leadership Program, I agree to:

- ☞ Participate in all activities to the fullest extent possible.
- ☞ Be on time to all scheduled events.
- ☞ Show respect to my fellow participants, adults leaders, and myself.
- ☞ Leave the campus—classrooms, dormitories, dining hall, etc... - in the same condition I found them.
- ☞ Follow all rules and instructions as communicated by the program director and staff.
- ☞ Honor wake up time and lights out times.
- ☞ Behave in a way that is always safe for me and others.
- ☞ Make this weekend alcohol, tobacco, and drug free.

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Participant signature

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Date

# Freedoms Foundation at Valley Forge Talent Release Form

## ASSIGNMENT, CONSENT, AND RELEASE

I, the undersigned, on behalf of my child, \_\_\_\_\_, hereby grant absolute right and permission to Freedoms Foundation at Valley Forge to take photographs, video, testimonials and/or audio reproductions of the person(s) named above and to copyright, use, publish, and distribute same.

In granting such permission, I hereby relinquish any right, title or interest in such photographs, video, testimonials, CD ROMs, DVDs, and/or audio reproductions and grant Freedoms Foundation at Valley Forge permission to publish, exhibit or use such audio/visuals for any and all promotional purposes stated, including broadcast, website, and other print and/or electronic uses.

I, the undersigned, certify that I am 18 years or older and have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Name of Parent/Guardian

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Signed

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Date

---

Address

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# Freedoms Foundation at Valley Forge

Spirit of America Youth Leadership Program

**Must be returned to Freedoms Foundation by April 11, 2019 & must complete both sections!**

## ARRIVAL

Freedoms Foundation will provide transportation from the Philadelphia Airport, 30<sup>th</sup> Street Train Station or Paoli Train Station to the Foundation's campus ONLY if you arrive between 12:00 noon and 5 p.m.

DATE OF ARRIVAL: \_\_\_\_\_

Airline and Flight Number \_\_\_\_\_

Time of Arrival: \_\_\_\_\_ Originating City \_\_\_\_\_

30<sup>th</sup> Street Train Number \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Car \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Please provide the student's cell phone number so we may contact them if we are not able to locate them at the Philadelphia Airport or Train Station on arrival day!

Cell # \_\_\_\_\_

## DEPARTURE

At the conclusion of the conference, Freedoms Foundation will provide transportation to the airport or train station ONLY if you scheduled your departure after 2:30 p.m. (Special arrangements for departures prior to 2:30 p.m. must be made with the Freedoms Foundations staff before the conference begins.)

DATE OF DEPARTURE – \_\_\_\_\_

Airline and Flight # \_\_\_\_\_ Time of Departure \_\_\_\_\_

30<sup>th</sup> Street Train Number \_\_\_\_\_ Time of Departure \_\_\_\_\_

Car \_\_\_\_\_ Time of Departure \_\_\_\_\_

**STUDENTS**, PLEASE RETURN COMPLETED FORM  
TO FREEDOMS FOUNDATION  
BY APRIL 11, 2019



## Arrival and Departure Instructions

### Arrival by Plane via the Philadelphia Airport

Arrivals by plane will come into Philadelphia International Airport. Freedoms Foundation will provide two bus trips between **12:00 noon and 5:00 p.m.** for Program participants. The exact time for each bus departure is determined during the week prior to the conference. Depending on your arrival time, you may have to wait at the airport for a scheduled trip.

When you arrive at the airport, go **directly** to the baggage claim area of the airline which you are flying. A map of the Philadelphia Airport is available at: [http://www.phl.org/terminal\\_map.html](http://www.phl.org/terminal_map.html).

As you descend on the escalator into the baggage claim area look for a Freedoms Foundation Airport Representative (the representative will be holding a Freedoms Foundation sign). The Freedoms Foundation Representative will arrive at the airport at 11 AM and meet any early arrivals at this time, unless prior arrangements have been made

The representative will advise you when and from where the bus will depart.

**If you cannot find the Freedoms Foundation Representative**, call the Foundation promptly on the staff cell phone at 610-960-3357 for further instructions.

### Departures

The program officially concludes at **12 noon** after a tour of colonial Philadelphia. Lunch will be on your own. Freedoms Foundation will transport all participants to the airport for their return flight home.



## Packing Checklist

Please use this list to ensure you pack all necessities. Remember to check the weather forecast. Snow and cold temperatures are a possibility from November through March. The late spring and summer months can be hot and humid. Please pack comfortable clothes. While facilities are air conditioned, you will be spending time outside as well. Outdoor activities such as basketball, volleyball, frisbee, and football are available during free time.

Freedoms foundation provides all linens in the room including sheets, towels and pillows.

Other Suggested Items to pack include:

- Toiletries
- Any Medications Needed – including over-the-counter medications for headaches, stomach pains, etc. The FFVF staff does not dispense drugs or medications to students.
- Snow/Rain coat & Snow/Rain gear
- Sun screen & Bug repellent
- Swap Meet Materials
- Camera with extra card and Batteries
- Alarm Clock
- Cell Phone and charger
- Postage Stamps for Postcards
- Spending Money for Snacks and Souvenirs and Lunch on Sunday
- Copy of health insurance card
- Copy of all phone numbers and information concerning the conference for your reference

Make sure that all items are clearly labeled with your name. Your luggage should also be clearly labeled with your name, address and phone number.

If you have any questions, please feel free to call Carolyn Santangelo in the Education Office at 610.933.8825 x 234 or email at [csantangelo@ffvf.org](mailto:csantangelo@ffvf.org)



## ***Spirit of America Youth Leadership Program*** **Accommodation Information**

### **Accommodations:**

Freedoms Foundation was established as an educational campus fully equipped with three dormitories, classroom space, and dining facilities. Upon your arrival, you will be placed in a room with up to five other participants. We assign rooms randomly, so you will not know your roommate(s) until you arrive. Your roommate(s) will remain the same throughout your stay with the Freedoms Foundation.

### **Packing:**

In anticipation of your trip, please pack wisely. Here are a few tips to help you pack:

- ☞ Commercial airlines have a variety of fees and restrictions for luggage. Please check with your individual airline for specifics. **You are responsible for any luggage fees.** If you can pack everything in a carry-on bag and a backpack, you can avoid luggage fees.
- ☞ Clearly mark your name, address and phone number on your luggage. Have the Freedoms Foundation address and phone number on your person in case of emergencies.
- ☞ Dormitory rooms have limited closet space.
- ☞ You will be responsible for the transportation of your luggage to and from your dorm room, so only pack what you can carry.
- ☞ Put your name on everything and DO NOT bring valuables. Freedoms Foundation is not responsible for lost or stolen items.

### **Dress Code:**

Casual dress may be worn throughout the conference, except for the banquet Saturday evening (see below). Casual dress is considered nice jeans, pants, sweaters, t-shirts, sweatshirts, shorts, and athletic shoes. Please remember the ABC guidelines: no armpits, bellies, or cleavage. Offensive language on T-Shirts will not be tolerated.

On Saturday night there is a banquet which is considered to be semi-formal. Semi-formal dress is considered "church clothes" and may include skirts, dresses, and/or suits for women; dress shirts, slacks, jackets and/or suits for men.

## Rules:

Rules are set in place to ensure a safe and exciting environment for you to live and learn. The staff of Freedoms Foundation takes the rules very seriously. Upon your first offense, you will be sent home immediately. There are no exceptions. You will be responsible for your own travel costs if sent home from the program. Rules are expected to be followed upon your arrival at the airport in Philadelphia throughout your stay. Please read and thoroughly understand the rules before you arrive.

- ☞ **Drugs or Alcohol:** Use of these items is strictly prohibited. If for any reason you have doctor prescribed medication, please notify a staff member upon arrival.
- ☞ **Lights Out:** Lights out will be announced at the conclusion of the evening activities. During lights out you must be in your room with lights out.
- ☞ **Dormitory Restrictions:** At NO TIME are women allowed in men's dorms/hotel rooms or vice versa.
- ☞ **Attendance:** Your attendance is required at every session. If you are unable to attend due to illness, you must notify the Program Director immediately.
- ☞ **Honor Code:** All students are expected to sign and return the Honor Code to the Freedoms Foundation prior to their arrival on campus.

## Student Insurance and Medical Information:

Freedoms Foundation requires that each student submit a medical form completed with medical history and insurance information prior to arrival on campus. The form is enclosed in this packet. Should a medical emergency arise, Freedoms Foundation will assume the authority to administer medical treatment in the absence of a parental guardian. Freedoms Foundation will assume NO financial responsibility of medical treatment. Please notify us well in advance of program date if there are any medical needs you have.

## Housing:

There are three residence Halls on campus (MacArthur, Hamilton & Franklin). Each room is carpeted and fully equipped with a private bathroom. Participants are provided with an adequate supply of towels, soap, and bed linens for the conference. Wireless Internet is available in the dormitories. There are **NO** vending machines in the dorms.

## Meals:

Three meals per day are served in the MacArthur dining facility. The first meal will be dinner on Thursday evening. Meals are served in a cafeteria style serving manner and each participant is asked to bus their own table. On Saturday evening, there is a formal banquet to end the conference. During breaks and free time, the FFVF Gift Shop in MacArthur sells soda, chips, and candy. You are allowed to have drinks and snacks in the classroom and your dorm, but you are expected to clean up after yourself.



EDUCATE HONOR CHALLENGE

## ***Spirit of America Youth Leadership Program*** **Major Activities**

### **Leadership Workshops**

Students selected to attend the Spirit of America Youth Leadership Conference will engage in a variety of leadership workshops. Some of these include: Rights and Responsibilities of a Citizen Leader, Communication and Teamwork, and Personalities of a Leader.

### **Freedom Summit**

In addition to a series of lectures and group discussions on the topics of democracy, citizenship, the American Constitution, and current events, students will participate in a Freedom Summit session wherein the students will become their own working government to debate current topics of global concern.

### **Free Enterprise Challenge**

During the Free Enterprise Challenge student groups will develop their own product and marketing plan. Participants will then create and perform a short commercial to market their product to a panel of judges composed of chaperones and foundation staff.

### **Tours & Sightseeing**

Students will have the opportunity to tour historic Philadelphia and Valley Forge National Historic Park. Sites visited will include: Philadelphia - Independence Hall, the Liberty Bell, Congress Hall; Valley Forge - Washington's Headquarters, Continental Army barracks, and the Grande parade ground.

### **Living History Presenters**

Historical characters, such as Thomas Jefferson, Alexander Hamilton, and John Adams, speak to the group and answer questions.

### **Committees**

Throughout the weekend you will have an opportunity to participate in committees demonstrating your talents and creativity or just having fun. Committees include: Floor Captains, Public Speaking, News, Affirmations, Flag, and Vespers.

**FFVF Gift Shop**

The Gift Shop will be open throughout the weekend. Students can purchase a variety of clothing items, souvenirs, and snacks. Please note the gift shop is cash only.

**Materials**

Upon arrival in Valley Forge, you will receive a portfolio containing your schedule, room key and other program information.

**Staff & Faculty**

- Freedoms Foundation Program Staff – Supervise all aspects of the program. Professional staff resides at the Foundation and are on call 24 hours a day, seven days a week.
- Faculty – Core faculty members are experts from national universities in the fields of government, constitutional law and American History. These speakers are supplemented by local and national figures providing an excellent opportunity for *Spirit of America Youth Leadership Program* students to dialogue with experts both in theory and practice.



EDUCATE HONOR CHALLENGE

Tentative  
*Spirit of America Youth Leadership Program Schedule*

**Thursday:**

3:00 - 6:00pm Student arrival and Check-in  
7:00 Dinner  
8:00 Orientation: Goals of the Program and Review of Schedule  
8:30 Icebreakers  
10:00 Reflection Time

**Friday:**

8:00 am Breakfast/Committee Meetings  
9:00 Historical Interpreters  
10:00 Freedom Summit I : Constitutional Law Seminar  
12:30 pm Lunch  
1:30 Freedom Summit II : Mock Congress  
3:00 Break  
3:15 Reflection in Small Groups  
4:00 Free Time  
5:00 Committee Meetings  
6:00 Dinner  
7:00 Leadership Workshops  
9:30 Swap Meet and Ice Cream Social  
10:30 Reflection Time

**Saturday:**

7:30 am	Breakfast
8:30	Keynote - Entrepreneurship
9:30	Free Enterprise Challenge
12:30pm	Lunch
1:30	Committee Meetings
2:30	Tour of Valley Forge
5:00	Free Time
6:00	Banquet
7:00	Keynote Speaker
8:00	Closing Orientation
8:30	Vespers Service
9:00	Camp fire and s'mores

**Sunday:**

7:00 am	Breakfast
8:00	Board buses to Philadelphia
9:00	Tour Colonial Philadelphia
12:00 noon	Departures for Philadelphia Airport

\*Please note: lunch is *not* provided on Sunday. Students should be prepared to purchase lunch at the airport if they are flying home.

\* Please note that this schedule is tentative and subject to change.



# SWAP MEET



The Freedoms Foundation **Swap Meet** gives students the opportunity to bring and share gifts from their home town and state. Items in the past have included: food items, pens and pencils, pins, patches, postcards, keychains, stickers, bumper stickers, candy, etc.



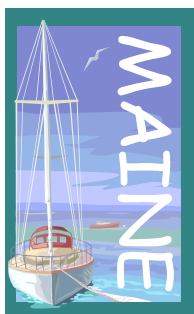
Please do not feel like you need to spend large amounts of money on items. Instead, contact local businesses, colleges and universities, sports teams, and community organizations and ask for donations. Tell them that you are attending a prestigious leadership conference and want to share a bit of your town, city, or state with students from around the nation.



Please keep in mind that there will be 100 students participating in your conference and your items should be easily packed. During the Swap Meet all items will be displayed on tables and each participant will be able to view the tables and select items to take home. If you opt to bring a large item it may be raffled off in the spirit of fairness.



This is a great time to take home a piece of America, so please, feel free to be creative!



Due to increased travel costs, students may choose to mail their swap meet materials to the Freedoms Foundation. Please send any boxes to:

The Freedoms Foundation at Valley Forge  
Education Department  
Student's Name & Program Date  
1601 Valley Forge Rd, Box 67  
Valley Forge, PA 19481

