



Las Vegas - Clark County Urban League
Young Professionals

**Empowering Communities.
Changing Lives.**

What: The African American Student Leadership Conference

When: May 16, 2009

Where: On the Campus of URBAN LEAGUE

Why: Knowledge is Power

Theme: Take Charge of Your Future

The African American Student Leadership conference will serve as a developmental tool for Southern Nevada high school students in pursuit of attaining educational and career goals. The mission will be achieved through the collaborative efforts of Las Vegas Clark County Urban League Young Professionals. This conference will provide information that is aligned with our national goal to ensure that our children are well educated and prepared for economic self-reliance in the 21st century.

As a result of this conference, participants will be well equipped to take the initiative to educate themselves, focus on their futures, and address the issues within their communities by becoming active and proposing solutions. The conference includes workshops, plenary sessions and dynamic speakers aimed at promoting leadership, self-awareness, and how to truly make a difference within themselves and their community.

Please take a moment to complete the attached application and join us on May 16th at the William U. Pearson Center. This conference is free to the public and we encourage students as well as parents to take part. Any questions please call 702-576-7413.

Sincerely,

Tanya Flanagan, President

Urban League Young Professionals
Las Vegas Chapter

The African American Student Leadership Conference
May 16, 2009 ◇ 7:00 am Registration 8:00am to 4:00pm Conference

Dr. William U. Pearson Center
1625 W. Carey Avenue
FREE to the Public

Participant Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone number: _____ E-mail: _____

School Name: _____

Gender: Male _____ Female _____

Year: Freshman _____ Sophomore _____ Junior _____ Senior _____

Activities and Organizations _____

Special Accommodations (i.e. diet, accessibility, etc.) _____

Parents, there are workshops during this conference that address healthy relationships and lifestyles. In an effort to ensure that everyone is informed we have included a permission request.

I _____, hereby, (please circle your option) DO/DO NOT give my consent that would allow my teen to receive from the Huntridge Teen Clinic, Southern Nevada Health District; or URBAN LEAGUE, or those representing such establishments, written, or published information ; samples, or items, i.e., condoms, in an effort to promote prevention of sexually transmitted diseases, like HIV/AIDS while in attendance of this conference.

NOTE PARENT OR GUARDIAN MUST SIGN RELEASE ON LAST PAGE FOR YOU TO ATTEND THE CONFERENCE**

Please mail or fax registration to: Urban League c/o Asha Jones, Chair
930 W. Owens Ave.
Las Vegas, Nevada 89106
Fax - 702-636-9240

Completed registrations must be postmarked no later than
Monday, May 4, 2009

Space is limited, please register early
Contact Asha Jones at (702) 576-7413 with any questions.



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Student Workshops

During our first conference we determined that everyone could benefit from ACT/SAT/Proficiency test preparation information, college application processes and the key to overall success in education. This year's conference will begin with a plenary session for both parents and students to address these issues as a whole. All parents and students will have an opportunity to attend this opening plenary session. Following the plenary session parents will move on to their workshops and students will begin their sessions. Each student will take part in workshops related to **It Has to Add Up** (financial literacy), **Strategic Planning** (college education) and **Becoming the Complete Scholar** (extra curricular activities and civic engagement.) Registration will take place on site.

Parents Seminar

Parents, you are invited to participate in this as well; please join us for a Parents Seminar. We want you to gain new information and be informed on the process as well. The following seminars will be covered in two consecutive sessions. Please fill out the conference registration form and send it in.

Educational Testing – Addresses how parents can best assist their kids in preparing for such exams as the high school proficiency test, ACT and SAT tests.

College Selection and Application Process – Aims to familiarize parents with the college application process; as well provides guidance on how parents can participate with their children throughout the selection process.

College Life.... Little Things Add Up – College is a new and exciting experience not only for students, but in many cases for their entire families. This seminar will educate parents about financial adjustments needed to address the associated costs for applying to college, preparing for their children living away from home and the other unexpected fees.

What's Really Going On... – No matter which side of the debate you on regarding teens and sex, there is information that you need to prepare your student. Join this workshop to hear from professionals in the field about what is really going on and how you can prepare your child for a healthy life.

The Total Package – How can you best prepare your student to be an attractive candidate for admission to college? What is the recruitment process? What are colleges looking for? Are grades enough? All of these questions and more will be answers in this seminar.

Financial Aid – Yes, there is money but there is a process. Join us in our financial aid seminar and learn the ropes for financing your students' education.

Parents Registration

First Name: _____ Last name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Phone number: _____ E-mail: _____

Your Student Name: _____

Your Student's School: _____

Special Accommodations (i.e. diet, accessibility, etc.)

Parents Seminar Schedule

Opening Registration

7:00 am – 8:00am – students/parents will check in and get their session assignments.

Conference Opening

8:00 am – 10:00 am – continental breakfast will be served and listen to the opening introduction, peer panel and financial aid plenary.

1st session – 10:10 am – 11:00 am

2nd session – 11:10 am – 12:00 pm

Future Leaders Lunch Plenary Session 12:00 pm – 1:30 pm

Please mail, fax or email your registration to:

Urban League c/o Asha Jones

ashajones@yahoo.com

930 W. Owens

Las Vegas, Nevada 89106

Fax - 702-636-9240

Completed registrations must be postmarked no later than

Friday, May 8th 2009

Space is limited, please register early

Contact Asha Jones at (702) 576-7413 with any questions.

African American Student Leadership Conference

RELEASE OF LIABILITY TO Las Vegas Clark County Urban League
PARENT/GUARDIAN SIGNS IF STUDENT IS UNDER 18 YEARS OF AGE
(PLEASE READ CAREFULLY BEFORE SIGNING)

I, _____, the Parent/Guardian of _____, a child participating in the **African American Student Leadership Conference** (the "Program") to be held on May 16, 2009 on the campus of the Urban League ("URBAN LEAGUE"), acknowledge that I voluntarily and willingly permit my child to participate in the Program. I understand and agree that the Program is provided through Las Vegas Clark County Urban League to enhance my child's educational experience. In consideration for Las Vegas Clark County Urban League's arranging this opportunity for my child to participate in the Program and enhancing my child's educational experience, I hereby execute this Release of Liability with the intent to bind myself, my spouse (if applicable), my heirs, assigns, and legal representatives. I further state that I am at least 18 years of age and competent to sign this affirmation and release.

I fully understand and acknowledge that certain elements of the Program may be physically hazardous and emotionally demanding and that by my child's participation in the Program, he/she faces the risk of accidental and/or other injury. These risks include, but are not limited to, (1) loss or damage to personal property; (2) injury or fatality due to, and/or related to, (a) slips and falls, (b) travel to and from the Program, (c) walking, running, jumping, and/or other physical activity, (d) sunburn and/or exposure to adverse weather conditions, (e) cuts and/or abrasions, and (f) physical interaction with other participants or staff members, (3) emotional or psychological stress, among others, (4) suffering any injury or illness without immediate access to medical facilities, and (5) any and all other aspects and stress related to the Program. I understand and assume the risks of my child's participation in the Program. I agree that my child's participation in the Program is entirely voluntarily and that my child is under no obligation to take part in the Program or participate in its accompanying activities. I am fully aware that my child may suffer these or other injuries arising out of my participation in the Program and I acknowledge that the Program may be a dangerous activity.

I agree that my child's participation in the Program is entirely voluntarily and that I am under no obligation to allow my child to take part in the Program or participate in its accompanying activities. I have fully investigated the nature of the Program, including whether participants will be subjected to physical and/or emotional stresses, and fully and voluntarily choose to assume the risks of my child's participation in the Program.

My child and I further represent that my child is in good physical condition, and does not possess, nor are we aware of, any physical or mental disabilities which may limit my child's participation in any Program activities. My child and/or I agree to advise the Program Coordinator immediately at any point when my child questions his/her ability to participate in any of the Program. I further acknowledge that my child has asked for and has received reasonable accommodations for any disability my child and I may have brought to the attention of the Program Coordinator, if any, having first presented valid certification of his/her disability.

I understand and agree that I must provide transportation for my child. I also understand that I must provide automobile collision and liability insurance, at my expense, and that such transportation will not be covered by any insurance policy owned by the Las Vegas Clark County Urban League.

I EXPRESSLY AGREE AND INTEND THAT MY CHILD'S PARTICIPATION IN THE PROGRAM SHALL BE UNDERTAKEN BY MY CHILD AT MY AND HIS/HER OWN RISK AND THAT NEITHER THE LAS VEGAS -CLARK COUNTY URBAN LEAGUE, THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS NOR ASSIGNS SHALL BE LIABLE FOR ANY INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS OR CAUSES OF ACTION WHATSOEVER WHICH MAY ARISE OUT OF OR IN CONNECTION WITH MY CHILD'S PARTICIPATION IN THE PROGRAM, WHETHER FROM ACTS OF ACTIVE OR PASSIVE NEGLIGENCE ON THE PART OF MY CHILD OR ON THE PART OF URBAN LEAGUE, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS, AND I DO HEREBY FOREVER RELEASE, DISCHARGE, INDEMNIFY, HOLD HARMLESS AND WILL DEFEND URBAN LEAGUE, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS AND ASSIGNS FOR ANY SUCH INJURIES, DAMAGES, CLAIMS, DEMANDS, ACTIONS, OR CAUSES OF ACTION.

The terms of this Release of Liability are to be governed by and construed under the laws of the State of Nevada. In the event any term or provision of this Release of Liability is found to be unenforceable or void, in whole or in part, the term or provision concerned shall be construed as valid and enforceable to the maximum extent permitted by law, and the balance of this Release of Liability shall remain in full force and effect. I agree that exclusive venue for any dispute arising between the Las Vegas - Clark County Urban League, URBAN LEAGUE and me and/or my child involving this Release of Liability in any way shall be in Clark County, Nevada.

I have fully read and understand this Release of Liability.

ACCEPTED AND AGREED:

By: _____ Date: _____
Parent's/Guardian's
Signature _____ Phone: _____
Parent's/Guardian's Printed Name

Parent's/Guardian's Address / City / State / Zip Code