

Sueños Sin Fronteras

Making College Dreams a Reality



April 6-7, 2013

"Sueños Sin Fronteras" brings South Bend middle and high school students to the campus of the University of Notre Dame to learn more about the realities of college. It is a retreat entirely initiated, planned, and managed by Notre Dame Students. The focus is on what it takes to get in to college, leadership, workshops on the benefits of college, self-esteem building, and real life conversations of the university experience. Sponsored by the Institute for Latino Studies, all of this comes **FREE** for the participants.

**For more information
please contact:
Sueños Sin Fronteras
Coordinators
Institute for Latino Studies
574.631.4440
latino@nd.edu
latinostudies.nd.edu**



**To sign up, please visit your counselor.
Applications due 03/01/13!
Hope to see you there!!!**

**Submit application to your counseling office
or mail to: Sueños Staff
Institute for Latino Studies
230 McKenna Hall
Notre Dame, IN 46556**



The Institute for Latino Studies at the University of Notre Dame invites your son/daughter to the annual Latino leadership retreat, “Sueños Sin Fronteras: Making College a Reality,” to be held on Saturday and Sunday April 6th and 7th, 2013. This conference will provide your son/daughter with some essential skills to pursue a college education. The university students have prepared an exciting program which consists of leadership and self-esteem workshops in addition to financial aid workshops, peer mentoring and a variety of university experiences.

This is a great opportunity for you son/daughter to begin thinking about college and career goals. As you know, your children’s education is a most worthwhile investment for a successful future. It is our hope that your son or daughter takes advantage of this great opportunity.

Since we would like the participants to have a holistic university experience, they will stay on campus overnight in dormitory accommodations; females and males will be lodging in separate quarters. We assure you that your son/daughter will be supervised at all times during this conference.

We would like to thank you for your attention and remind you that participation in the conference is completely free: there is no charge for the workshops and other activities, and meals and lodging are provided at no cost. We will also be having a workshop for parents at 9:30 am on Saturday, April 6th if you would like to learn more about the college process yourself. If you have any questions, please call the Institute for Latino Studies at 574-631-4440. We look forward to spending this time with your children.

Sueños Sin Fronteras: Making College Dreams a Reality

Saturday, April 6- Sunday, April 7, 2013

Sponsored by:
Institute for Latino Studies
University of Notre Dame

Please complete all of the application using black or blue ink. Print only please. DUE 03/01/13
Favor de llenar la solicitud completa en letra de imprenta molde usando tinta negra o azul.

Student Information (*Información del estudiante*):

First Name (<i>Nombre</i>)	Middle Name (<i>Segundo Nombre</i>)	Last Name (<i>Apellido</i>)
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Address (*Dirección*)

City (<i>Ciudad</i>)	Zip Code (<i>Código Postal</i>)	Home Phone (<i>Número Telefónico</i>)
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School (<i>Escuela</i>)	Grade (<i>Grado</i>)	Shirt Size (<i>Talla de Camisa</i>)
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Parent/Guardian Information [*Información de padre(s) o persona(s) legalmente responsable por el estudiante*]:

Legal Guardian(s) [*Nombre(s)*]

Home Phone (<i>Número telefónico - Casa</i>)	Work Phone (<i>Número telefónico - Trabajo</i>)
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Emergency Contact (*En caso de emergencia favor de llamar a Contacto de Emergencia*)

Emergency Contact Phone (<i>Número telefónico - Contacto de emergencia</i>)	Relationship to Student (<i>Parentesco</i>)
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Please submit your forms to your counseling office by 03/01/13 or mail to: Favor de entregar sus formularios a su oficina de consejería a lo más tarde el 03/01/13 o enviar por correo a la dirección:	Sueños Staff Institute for Latino Studies 230 McKenna Hall Notre Dame, IN 46556
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**INSTITUTE FOR LATINO STUDIES – MAKING COLLEGE DREAMS A REALITY
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS**

I, _____, am the parent or guardian of a minor child, _____, who will be attending the Institute for Latino Studies “Making College Dreams a Reality” Retreat (the “Retreat”) at the University of Notre Dame du Lac, Notre Dame, Indiana (the “University”) on April 6 and 7, 2013. I am fully aware that my child’s participation in the Retreat is totally voluntary.

In consideration of the University’s agreement to permit my son or daughter to participate in the aforementioned Retreat, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University’s own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to my child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorney’s fees, which arise out of, occur during, or result from my child’s participation in the Retreat, including travel to and from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorney’s fees, which result from, arise out of, or relate to my child’s participation in the aforementioned Retreat or arise out of his or her travel to or from the University.

3) I agree that this Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action related to the Retreat, I agree that jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

4) I hereby acknowledge and accept that there are certain risks, known and unknown, including bodily injury and death, that could result from my child’s participation in the aforementioned Retreat at the University, which Retreat will include various activities and meals. I, on my own behalf and on behalf of my minor child, have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University’s permission to allow my minor child to participate in the aforementioned Retreat. I, individually, and on behalf of my minor child, hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with my child’s attendance at or participation in the Retreat, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I hereby consent to any publicity, including the use of my child’s name and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy, which may be used in connection with my child’s participation in the Retreat.

6) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child (or children), that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Parent or Guardian Signature

Parent or Guardian Name (Printed)

Date

UNIVERSITY OF NOTRE DAME

HEALTH INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT FORM
Minors

Program Attending: Suenos Sin Fronteras: Making College a Reality Dates of Program: April 6-7, 2013

Name of Student or Minor Child: _____ Birth Date: _____

Permission for Treatment: The health history provided on this form is correct to the best of my knowledge. By my signature below, I hereby grant permission and authorize the provision of emergency medical treatment for minors/students who become ill or injured while participating in a University of Notre Dame du Lac sponsored Program and when parents or guardians cannot be reached.

Release of Information: By my signature below, I authorize the University of Notre Dame to release medical information regarding the above named minor/student to any person or entity to whom the University of Notre Dame refers the minor/student for medical treatment.

TO GRANT CONSENT

I, _____ of _____
(Name of Parent/Legal Guardian) (City)
_____, _____, do hereby state that I am the
(County) (State)
parent or legal guardian of: _____, a minor.
(Name of Child)

Should an emergency arise while my child is under the supervision of the staff of The University of Notre Dame du Lac, I do hereby authorize the staff to obtain medical attention for my child. I do hereby give consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, blood transfusion and/or hospital care to be rendered to the above-named minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine during the program period. All such treatment shall be at my expense, and I agree to reimburse the University or its representatives for any expenses that they or any of them might incur on account of my child's condition or treatment. This consent shall not give rise to, and is not intended to give rise to a legal duty owed by the University to my child. I do hereby release and forever discharge the University of Notre Dame du Lac and its employees, agents, officers, trustees, affiliates and representatives from any and all liability of any kind for any claim, demand, action, cause of action, expense (including hospital and medical expenses), judgment or cost, including without limitation attorneys fees, co-pays or deductibles, which arise out of or relate in any manner to the exercise of authority or judgment pursuant hereto, or to the securing, oversight, administration or supervision of medical or other care or treatment on behalf of my minor child at any time or any travel incident thereto.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Medical Insurance: _____, _____, _____
(ID Number) (Group Number) (Member's Name)

Medical History: Allergies, if any, including medication and foods: _____

Chronic or existing diseases or medical problems (e.g. diabetes, epilepsy): _____

Medicines your child is now taking and dosage: _____

Date child received last Tetanus injection or booster (if known): _____

Any physical restrictions: _____

I can be reached at the following phone numbers(s) in an emergency:

_____, (_____) _____
(Name and Location) (Phone)

_____, (_____) _____
(Name and Location) (Phone)

Dated _____

(Signature of Parent/Legal Guardian)

UNIVERSITY OF NOTRE DAME
“SUEÑOS SIN FRONTERAS: MAKING COLLEGE DREAMS A REALITY”
STATEMENT OF RESPONSIBILITY AND AUTHORIZATION
WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT
MINORS

I, _____, am the parent or guardian of a child (or children) who participated in the “Sueños Sin Fronteras: Making College Dreams a Reality” retreat (“Program”) at the University of Notre Dame du Lac (“the University”) Notre Dame, Indiana during the period April 6 and April 7, 2013. I am fully aware that my child’s participation in the Program is totally voluntary.

In consideration of the University’s agreement to permit my son(s) or daughter(s) to participate in the aforementioned Program, the receipt and sufficiency in which consideration is hereby acknowledged, I agree as follows:

I hereby consent to any publicity, including the use of my name and likeness in connection with my participation in this Program.

In signing this Waiver, Release and Indemnification Agreement; Statement of Responsibility and Authorization, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

Dated: _____, 2013

Child’s Name (Print)

Parent or Guardian’s Signature

Parent or Guardian’s Name (Printed)