

Clarke M. Williams
FUTURE ENTREPRENEUR

2021 SUMMER ACADEMY



June 21-25 ~ 8:30 a.m. - 12:00 p.m.
Participant Application

PLEASE COMPLETE AND RETURN THIS FORM TO THE WMWO CHAMBER OF COMMERCE BY JUNE 1, 2021.
A COMPLETED FORM WITH A PARENT/GUARDIAN SIGNATURE IS REQUIRED TO PARTICIPATE IN THE PROGRAM.

ABOUT THE PROGRAM

The West Monroe-West Ouachita Chamber of Commerce, Ouachita Parish School System, Program sponsors, and Louisiana Delta Community College are committed to the growth and success of our community and the cultivation of future business leaders and entrepreneurs. The Clarke M. Williams Future Entrepreneur 2021 Summer Academy is designed to teach the basics of what it means to be an entrepreneur to interested high school students. This FREE five-day academy will be held at the West Monroe Campus of LDCC, located at 609 Vocational Pkwy., off Camp Road in West Monroe. To participate, students (entering grades 9-12) must complete and return this form to the West Monroe-West Ouachita Chamber of Commerce office by June 1, 2021. Limited seats are available.

PERSONAL DATA

Name: _____ Age: _____
Last First

School: _____ Entering Grade: _____

Phone: () _____ Email: _____

Emergency Contact: _____
Name Relationship Phone Number

PLEASE COMPLETE AND RETURN THIS FORM TO:

Please complete and return form to:
WMWO Chamber of Commerce
112 Professional Drive
West Monroe, Louisiana 71291

For more information, please contact the
Chamber of Commerce at (318) 325-1961
or info@westmonroechamber.org

Parent and Student must read, initial, and sign the second page of this application.

STUDENT AGREEMENT

Please read carefully. Each item must be read and initialed by student and parent, and the application must be signed. For the purpose of this agreement, West Monroe-West Ouachita Chamber is otherwise known as WMWOC and Ouachita Parish School System is otherwise known as OPSS.

I understand that I am participating in this program voluntarily and in consideration of the acceptance of my application for this program:

Initial Here

	I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages, or which may hereafter occur to me as a result of participation in said event.
	I agree to be present for all four days of instruction in the program.
	I agree to act in a professional manner and abide by the rules, regulations, policies, and procedures of the facility.
	I agree to dress appropriately as described by my school dress code (no shorts, tanks, camisoles, or hats in class).
<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Student Signature </div> <div style="text-align: center; width: 45%;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date </div> </div>	

PARENTAL CONSENT

Your son or daughter is applying to participate in a five-day Entrepreneur Academy. He or she will participate in a classroom setting with other students from the area, where they will learn key strategies for becoming an entrepreneur in today's business climate. Please read carefully. Each item must be read and initialed by the parent, and the application must be signed.

Initial Here

	My child has permission to participate in the Clarke M. Williams Future Entrepreneur 2021 Summer Academy, and I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages, or which may hereafter occur to me or my child as a result of participation in said event.	
	My child's information form can be shared with staff of WMWOC and OPSS for purposes of participation in the academy, and I grant the program organizers and sponsors of the program, permission to photograph/video my son/daughter for promotional and educational purposes, including but not limited to press releases, future marketing, use on social media and intranet sites, and use in other materials that the program organizers and may use internally or externally to promote the program and/or program sponsors. I understand there is no monetary compensation for using said photographs/videos.	
	I hereby give my consent for treatment by emergency personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above mentioned program. It is understood that WMWOC and OPSS will provide no medical insurance for such treatment, and the cost thereof will be at my expense.	
<p>Does your child require any special accommodations due to medical limitations, disability, dietary constraints, allergies—food or other, physical limitations, or other restrictions?</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES--If yes, please explain:</p>		
<p>I attest that I am the legal parent/guardian of the child, and as such permitted to sign this consent and release form.</p>		
	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Printed Name of Parent/Guardian	() <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Best Contact Number
	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Parent/Guardian Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date