Field Trip Permission Form YOU ARE A LEADER Youth Leadership Summit

Field Trip Information Please complete and return this form by MONDAY, FEBRUARY 12, 2024 FROM 9:00-3:00 P.M. To participate in the field trip described below.			
Host	Cincinnati USA Regional Chamber		
Date/Time	Monday, February 12, 2024, 9:00 AM - 3:00 PM		
Destination/ Transportation	Xavier Univerity: Cintas Center 1624 Musketeer Dr, Cincinnati, OH 45207		
Participation Costs/Fees	(See website for registration information) https://cincinnatichamber.com/talent-hub/leadership-center/you-are-a-leader/		
Important Notes/Supplies	N/A - Breakfast, lunch, and note-taking utensils will be provided		

Purpose

Our goal is to empower young people in our Greater Cincinnati Area with the support that they are innate leaders in their communities. During the summit, young people will get the opportunity to join an interactive breakout session with a leader within two of the following sectors...

- Corporate Leadership
- Civic Leadership
- Non-Profit Leadership
- Entrepreneurial Leadership
- Hospitality Leadership

Outcomes:

- Visit a college campus
- Participate in leadership skill-building activity
- Network with other students in the Greater Cincinnati region
- Network with adult business leaders in the Greater Cincinnati region
- Opportunity to receive a mentor to help further their leadership potential and ideas

Field Trip Permission Form

Student Information		
Full Name		
Emergency Contact 1 Name/Phone		
Emergency Contact 2 Name/Phone		
Allergies/Medical Considerations		
Parent/Guardian Signature		
Parent Full Name		
Parent Signature		
Date		

Participation Permissions	Initials
I permit my student to participate in this field trip. As such, I acknowledge I am aware of: ✓ Risks included but are not limited to slips, falls, pinches, scrapes, twists, jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe injuries. ✓ Potential hazards associated with travel to and from the field trip site. ✓ Possible contact with plants, animals, or insects that could result in stings, allergic reactions, and associated diseases. Further, I confirm I have provided:	
 ✔ Appropriate and available emergency contact information for the duration of all field trip and travel hours. ✔ All necessary medical information, including a list of allergies, instructions, and medications to the appropriate school staff to ensure adequate care is available while my student is under their supervision. 	
I do not give permission for my student to participate in this field trip.	

Contact Info:

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