



February 2010

Dear MassSTAR Delegate,

**Congratulations!** Because of the outstanding leadership potential you have demonstrated through your school and community, you have been selected to represent your school at the 2010 MassSTAR Citizenship Conference.

The MassSTAR Conference will take place Friday, June 4, 2010 – Sunday, June 6, 2010. The event will be held at Lasell College in Newton, MA, with more than 100 other outstanding sophomores from across the state. Excluding transportation to and from the site, Massachusetts Youth Leadership Foundation will sponsor all of your conference costs.

During the weekend, you will experience a unique learning opportunity designed to present diverse perspectives and challenge you to think critically about a number of important social issues. The conference will offer a fun, challenging opportunity to meet other dynamic students and community figures in a stimulating workshop environment. What you get out of the conference will correlate directly with your level of participation in the activities. Come prepared to interact!

Enclosed you will find the conference registration materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent(s) or guardian. **You must return the following items to: Massachusetts Youth Leadership Foundation, MassSTAR Conference, c/o Andrew Kaye, 31 Forest St, Braintree, MA 02184.** Please use US Mail ONLY. If your material is going to be late, or if you have any related questions, please contact Danielle Reszenski at [Danielle.Reszenski@MassSTAR.org](mailto:Danielle.Reszenski@MassSTAR.org) or (781) 831-1942. Your parent or guardian **must sign** all forms as indicated.

- Official Registration Form
- Record of Medical History
- Health Insurance Form
- Travel Itinerary
- Consent & Acknowledgment of Risk Form

Exact times and locations for registration at the conference will be sent out via email and posted on our website in May.

We are delighted to offer you this opportunity and look forward to greeting you personally at the Conference. It is sure to be an outstanding weekend!

Sincerely,

Andrew Fried and Danielle Reszenski  
2010 MassSTAR Conference Co-Chairs



## Check List / Cover Sheet

Please Return with Registration Forms

**Students will only be allowed to participate when all completed and signed forms have been returned to the address below.**

Please Return to:  
Massachusetts Youth Leadership Foundation  
MassSTAR Conference  
c/o Andrew Kaye  
31 Forest St  
Braintree, MA 02184

**\*\*If you are sending a packet after May 1<sup>st</sup>, please email [Danielle.Reszenski@MassSTAR.org](mailto:Danielle.Reszenski@MassSTAR.org) so we can save your spot\*\***

Thank you!

Delegate's Name \_\_\_\_\_

Name of High School \_\_\_\_\_

ENCLOSED ARE THE FOLLOWING REGISTRATION FORMS:

\_\_\_\_ Registration Form

\_\_\_\_ Travel Itinerary

\_\_\_\_ Record of Medical History (2 pages)

\_\_\_\_ Health Insurance Form

\_\_\_\_ Consent and Acknowledgement of Risk Form



## Answers to Frequently Asked Questions

### **WHEN AND WHERE WILL THE CONFERENCE BE HELD?**

The conference will be held June 4<sup>th</sup> – 6<sup>th</sup>, 2010, at Lasell College in Newton, Massachusetts. Conference participants must register between 7:30am and 8:30am on Friday, June 4, 2010. The conference will conclude on Sunday afternoon, June 6, 2010, at approximately 4:30 pm.

### **WHAT KIND OF PROGRAM IS PLANNED?**

During the MassSTAR Citizenship Conference, students will interact with leaders from fields such as business, government, health, the arts, and education, through a number of interactive activities. Programming will address many aspects of our changing world and the challenges that confront today's citizens and our future leaders. The conference will conclude on Sunday with a special closing ceremony for students and invited guests.

### **WHAT DO I DO TO REGISTER?**

Please assist MassSTAR by completing the following forms as soon as possible:  
Registration, Consent and Acknowledgement of Risk, Travel Itinerary, Record of Medical History, and Health Insurance Form

**These should be signed by the participant and his or her parent/guardian and mailed to:**  
**Massachusetts Youth Leadership Foundation**  
**MassSTAR Conference**  
**c/o Andrew Kaye**  
**31 Forest St**  
**Braintree, MA 02184**

**\*\*YOU WILL NOT BE ALLOWED TO PARTICIPATE IF WE DO NOT RECEIVE YOUR FORMS**

### **WHAT TRANSPORTATION ARRANGEMENTS HAVE BEEN MADE?**

Each participant is responsible for getting to and from Lasell College. Please indicate your travel plans on the enclosed Travel Itinerary Form. If you are having issues with transportation, please contact Conference Chair, Danielle Reszenski at [Danielle.Reszenski@MassSTAR.org](mailto:Danielle.Reszenski@MassSTAR.org) or (781) 831-1942.

### **WHO PAYS FOR THE LEADERSHIP CONFERENCE?**

All the expenses for the weekend, except for travel to and from the conference, have been paid for by Massachusetts Youth Leadership Foundation and/or a local sponsor like The General Federation of Women's Clubs.

### **WHAT ARE THE ACCOMMODATIONS LIKE?**

The entire MassSTAR weekend is staffed by qualified adult volunteers who will be available 24 hours a day. Conference activities will be held on the Lasell College campus. Housing will be in the college dorms. Roommate(s) will be assigned at registration.

Meals will be provided by the College's dining facilities (lunch and dinner on Friday, 3 meals on Saturday, breakfast and lunch on Sunday.) If you have any **special dietary or ADA needs**, please note them on the enclosed registration forms.

The number to reach Delegates during the conference, **IN CASE OF AN EMERGENCY ONLY**, is (617) 243-2269. This phone is the main phone line of Lasell College's Campus Police, which is answered 24 hours a day. All calls and messages will be forwarded to our operations department. Parents are advised that there will be limited time for students to make phone calls to home, although we encourage them to check in with you periodically during the weekend.

### **WHAT IS THE "DRESS CODE" FOR THE CONFERENCE?**

Dress is neat, casual business attire throughout the weekend (weather appropriate attire is suggested: shorts, rainwear, comfortable shoes.) Jeans are acceptable as long as they are NOT torn. You will be outside and also spend a good deal of time sitting on the floor. Delegates should wear close-toed shoes throughout the weekend. Open-toed shoes are acceptable for Sunday. Dress for Sunday luncheon is "dress-up" (i.e. shirt and tie, skirt and blouse).

### **IMPORTANT ITEMS TO REMEMBER:**

Alarm clock, towels, bathrobe, umbrella, rain gear, comfortable shoes, **sleeping bag or twin size linens, pillows**, blankets, fan (if you expect to need one), soap, and other toiletries.

### **ITEMS TO BE LEFT AT HOME:**

Please refrain from bringing MP3 players, laptop computers, footballs, baseballs, other athletic equipment and hand-held games. Should you choose to bring these items we will hold them for you in a secure area for the weekend.

### **WHAT IF I AM UNABLE TO ATTEND THE CONFERENCE?**

If circumstances arise that prevent you from attending the entire conference, we would like to give another student from your high school the opportunity to attend. Please return these forms to the person at your school who selected you and follow-up with a call to Conference Chair, Danielle Reszenski (781) 831-1942 so we may adjust our records accordingly.

### **IS THERE A PROGRAM FOR THE PARENTS?**

Additional information regarding the parents' involvement with the Conference will be sent out by email and posted on our website in May. The Parents' Program will be held on Sunday, June 6, 2010. All parents are invited to attend and find out more about MassSTAR and opportunities for your child's involvement after the conference.

If you have any questions please contact Danielle Reszenski at [Danielle.Reszenski@MassSTAR.org](mailto:Danielle.Reszenski@MassSTAR.org) or (781) 831-1942.

## EXPECTATIONS AND REGULATIONS

In order to ensure that this conference may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of this action, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. The conference runs from Friday morning to Sunday afternoon. **YOU MUST** make a commitment to **STAY FOR THE ENTIRE EVENT**. If you have a scheduling conflict, **YOU MUST OFFER** the weekend to your school's alternate.
2. You are expected to be on time for all conference functions. You must attend all scheduled activities, including meals.
3. You must wear your name tag during the entire conference.
4. If you drive to the conference you will have to turn in your keys upon arrival. You will get the keys back on Sunday afternoon before the closing ceremonies.
5. No outside guests are allowed in or around the conference facility except for the closing ceremonies on Sunday.
6. Stay within your assigned group during sessions. Gain permission from your group facilitator if you must leave a session and wait for an adult staff member to escort you. No delegate is to leave the facility except for scheduled conference events.
7. Room visitation by members of the opposite sex is not permitted.
8. Weapons are not permitted.
9. No smoking, no drinking of alcoholic beverages, and no unauthorized drug use is permitted.
10. Anyone who has a medical problem that requires special care, treatment, or medication is asked to inform his or her group facilitator.
11. In case of emergency, contact your group facilitator or come directly to the Operations Suite. There are chaperons and facilitators available 24 hours a day, and they can be contacted at any time.
12. Lock your room doors at all times, whether you are in it or not. Notify the security staff on duty immediately if you need assistance.
13. Use the "Buddy System" when moving throughout the facility without your facilitator.
14. Delegates are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones or your cell phones.
15. Cell phones are permitted on the premises; however, you **MUST** keep the phones **OFF** during all conference activities. You may use the cell phones while you are in your dorm rooms only. If your cell phone disturbs others during the conference it will be taken from you and held in a secure place until the end of the conference.
16. Payment for any extra charges billed to a room (i.e., lost keys, etc.) will be the responsibility of the holder of the key. Damage done in any room will be billed to the occupants of that room.
17. Delegates are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.

18. You must observe the morning wake up call (usually one hour prior to the first scheduled activity each day).

19. Respect the rights of other facility guests and enter only those rooms and floors in which conference-related activities are being held. Keep noise to a minimum.

20. Refrain from entering the Operations Suite, except in case of an emergency.

## ***Registration Form***

**Return to:  
Massachusetts Youth Leadership Foundation, MassSTAR Conference  
C/o Andrew Kaye  
31 Forest St  
Braintree, MA 02184**

**(Please type or print legibly)**

Mr. \_\_\_\_ Ms. \_\_\_\_ \_\_\_\_\_  
(student last name) (first name)

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

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

Home telephone number: \_\_\_\_\_ Email: \_\_\_\_\_  
(area code)

Nominating High School: \_\_\_\_\_

### **Emergency Contact Information**

Parent or guardian name(s) : \_\_\_\_\_

Home Phone (including area code): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **Items for the conference:**

Preferred Name (for name tag): \_\_\_\_\_

T-shirt size: \_\_\_\_\_

### **Summary of special considerations:**

Disabilities: \_\_\_\_\_

Special dietary needs: \_\_\_\_\_

Allergies or medical conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

### **Local Newspapers:**

Newspaper Name and Address, City, Zip

\_\_\_\_\_  
\_\_\_\_\_

## ***Travel Itinerary***

**Return to:  
Massachusetts Youth Leadership Foundation, MassSTAR Conference  
C/o Andrew Kaye  
31 Forest St  
Braintree, MA 02184**

**(Please type or print legibly)**

Name: \_\_\_\_\_  
(student last name) (student first name)

### **ARRIVAL INFORMATION:**

I will arrive at the MassSTAR Conference by:

CAR       BUS       TRAIN

If arriving by car:

I will be driven by: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

I will be driving myself:  yes     no    (keys will be collected at registration for the duration of the conference)

If Yes: Make: \_\_\_\_\_ Model: \_\_\_\_\_ License plate number: \_\_\_\_\_

If arriving by bus/train:

Name of Carrier: \_\_\_\_\_

Bus/Train number: \_\_\_\_\_

Arrival Date/Time: \_\_\_\_\_

I need to be picked up from the above carrier's station/terminal:  yes     no

### **DEPARTURE INFORMATION**

I will depart the MassSTAR Conference by:

CAR       BUS       TRAIN

If departing by car and not driving self or not departing with the above named person bringing you, who will pick you up after the MassSTAR Conference?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

If departing by bus/train/plane:

Name of Carrier : \_\_\_\_\_

Bus/Train number: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

## ***Record of Medical History***

**Return to:  
Massachusetts Youth Leadership Foundation, MassSTAR Conference  
C/o Andrew Kaye  
31 Forest St  
Braintree, MA 02184**

(please type or print legibly)

### **PERSONAL INFORMATION**

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(last name)	(first name)	(middle initial)
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(gender)	(date of birth)	(place of birth)
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(telephone number)	(high school you represent)
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permanent street address

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city	state	zip code
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### **EMERGENCY CONTACT INFORMATION**

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(last name)	(first name)	relationship to student/participant
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(area code) primary telephone number	(area code) secondary telephone number
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name of family physician	(area code) physician telephone number
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### **PERSONAL MEDICAL HISTORY**

Please check the following diseases you had in the past:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Bleeding Tendencies | <input type="checkbox"/> German Measles | <input type="checkbox"/> Polio           |
| <input type="checkbox"/> Chicken Pox         | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Pneumonia       |
| <input type="checkbox"/> Diphtheria          | <input type="checkbox"/> Measles        | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Mononucleosis  | <input type="checkbox"/> Tonsillitis     |
| <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Mumps          |  |

Check the following Conditions you have had or are subject to now:

- |               |                          |               |                          |                     |                          |
|---------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|
| Asthma        | <input type="checkbox"/> | Nose Bleed    | <input type="checkbox"/> | Dizzy Spells        | <input type="checkbox"/> |
| Ear Infection | <input type="checkbox"/> | Hearing Loss  | <input type="checkbox"/> | Fainting Spells     | <input type="checkbox"/> |
| Hay Fever     | <input type="checkbox"/> | Vision Loss   | <input type="checkbox"/> | Difficulty Sleeping | <input type="checkbox"/> |
| Headache      | <input type="checkbox"/> | Upset stomach | <input type="checkbox"/> |                     |                          |
| Migraine      | <input type="checkbox"/> | Convulsions   | <input type="checkbox"/> |                     |                          |

What treatments or medications (if any) do you require for any of the above conditions?

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Are there any past hospitalizations or illnesses we should be aware of?

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Please list all allergies (insect stings, plants, foods, etc)

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### MEDICATION

Please list any medications you have allergic reactions to:

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Please list the name of any medication you are taking, the dosage, and the condition that requires you to take the medication:

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### IMMUNIZATIONS

Please list the type of illness you have received immunizations for:

Type of Illness:	Approximate Date of Immunization:
<input type="checkbox"/> Mumps	
<input type="checkbox"/> Regular Rubeola Measles	
<input type="checkbox"/> Whooping Cough (Pertussis)	
<input type="checkbox"/> Influenza	
<input type="checkbox"/> H1N1 Influenza	
<input type="checkbox"/> Diphtheria	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Pneumonia	

### GENERAL

If there are any limitations on the amount of physical activity you can engage in, please describe and explain (use additional sheet of paper if necessary):

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\_\_\_\_\_ I hereby authorize my son/daughter to self medicate the medications listed above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## ***Health Insurance Form***

**Return to:  
Massachusetts Youth Leadership Foundation, MassSTAR Conference  
c/o Andrew Kaye  
31 Forest St  
Braintree, MA 02184**

(please type or print legibly)

1. Name of Conference Participant \_\_\_\_\_

2. Health insurance plan name \_\_\_\_\_

*(If possible, please attach a copy of the insurance card.)*

3. Health insurance plan number \_\_\_\_\_

4. Name of Insured/Sponsor \_\_\_\_\_

5. Health insurance plan telephone number (including area code) \_\_\_\_\_

6. Check here if participant is not covered by a health insurance plan

7. Name of parent or legal guardian \_\_\_\_\_

Last

First

8. Emergency contact telephone number \_\_\_\_\_  
(Area Code)

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**Signature of Parent or Legal Guardian**

# Consent & Acknowledgment of Risk Form

(Please type or print legibly)

Participant \_\_\_\_\_

Activity: 3-Day Citizenship Conference

Dates: June 4, 2010 – June 6, 2010

Location: Lasell College

- 1) IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:
  - a) Agrees to abide by all rules and regulations established by the Massachusetts Youth Leadership Foundation (MassSTAR).
  - b) Authorizes MassStar or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
  - c) Grants to MassStar for any purpose connected with promoting the purposes and goals of MassStar, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to MassStar, and to use, reproduce, publish, and distribute the same;
  - d) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds MassStar harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by MassStar as a result of, or arising out of, the Participant's negligence or misconduct;
- 2) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of Massachusetts Youth Leadership Foundation's Board of Directors.

The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands and agrees to its contents.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

**IF PARTICIPANT IS A MINOR, THE SIGNATURE OF HIS OR HER PARENT OR LEGAL GUARDIAN IS REQUIRED:**

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian