



Dear Scholar,

Please find the agenda and registration forms enclosed for Hopa Mountain's Winter College Prep Retreat. This Retreat is designed to be a work session. Seniors will have the opportunity to work on college and scholarship applications. Juniors will work on resumes and college research.

You are responsible for your transportation to and from Bozeman. Housing will be in shared hotel rooms. A parent can participate, too. All meals will be provided. If you have special dietary needs, please indicate those on the Emergency and Health Information forms or give us a call.

What to Bring:

- Soap, shampoo, toothpaste, toothbrush, deodorant, and other personal care items.
- Warm clothes, outdoor jacket, proper footwear
- Swimsuit
- Comfortable clothes
- Backpack
- Laptop computer (if you have one)

Please contact Hopa Mountain if you are unable to supply any of the items on the list and we will work to provide them for you.

Please feel free to call us if you have any questions prior to the College Prep Retreat. You can reach Hopa Mountain staff at (406) 586-2455 or feel free to call me on my cell at (406) 581-0824. Again, please return all forms as soon as possible to Hopa Mountain (234 E. Babcock Suite E), Bozeman, MT 59715

We look forward to seeing you soon and supporting your next steps to college in every way that we can. Reach out anytime as we can be helpful to you.

Sincerely,

Dr. Bonnie Sachatello-Sawyer
Executive Director

December 26 - 28, 2023 Retreat Agenda

Tuesday, December 26

Plan to arrive in Bozeman by 5 p.m.

5 p.m. Dinner with other Scholars at the C'mon Inn

6 p.m. Meet in the C'mon Inn's Bridger Room – Evening Program

Wednesday, December 27

8:00 a.m. Breakfast at hotel

9:00 a.m. Work time – college and scholarship applications

10 a.m. Break

Noon Lunch on site

1 p.m. Work time – college and scholarship applications

6 p.m. Dinner and Evening activity

Thursday, December 28

8:00 a.m. Breakfast at hotel

9:00 a.m. Scholarship Info Session

10 a.m. Work time on college and scholarship applications

12 p.m. Lunch and depart

Participant information

Name _____

School: _____

Mailing Address: _____

City, State, Zip Code: _____

Cell phone number: _____ Email: _____

Age: _____ Date of birth: _____ Gender (circle one): M / F

Parent(s)/Guardian(s) name: _____

Cell phone number: _____

Why I want to participate in this College Prep Retreat (3-5 Sentences):

SCHOLARS OF PROMISE COLLEGE RETREAT 2023
WAIVER OF LIABILITY AND DISCLAIMER

Name of participant _____

Name of parent attending (if applicable) _____

Preferred roommate _____

I, the parent or guardian of _____, acknowledge that participation in Scholars of Promise college retreat activities means my child will be in in urban and university settings as an integral part of this college preparation program. Youth will be traveling, visiting a college campus, and participating in a variety of social activities. Any of these activities may, by their nature, expose children to a variety of hazards which could cause injury.

I am aware of the risks, conditions and hazards of the program activities, and I hereby release, discharge, and hold harmless the instructors, volunteers and other representatives from any claims or liability arising out of or relating to any injury (of any kind) that may result to my child while participating in these sponsored sessions.

I verify that my child has no past or current physical condition that might affect their participation in the trip, other than as described on the Medical Form. In the event my child is in need of emergency medical treatment, I hereby authorize the instructors or volunteers to obtain or provide emergency hospitalization, surgical, or other medical care for my child. I specifically indemnify and hold harmless all above mentioned organizations, their instructors and volunteers from any negligence and all costs arising out of the decision to obtain and provide such care, treatment and/or procedure for such emergency.

SIGNED: _____ DATE: _____

VEHICLE PERMISSION

I, the parent or guardian of _____, hereby give permission for the above named individual(s) to ride in vehicles driven by the Hopa Mountain program instructors or volunteers or public transportation employees during the trip and in the event of an emergency.

SIGNED: _____ DATE: _____

PHOTO RELEASE

I, _____ do hereby give the above mentioned organizations the right to use my or my child's photograph in all forms and media and in all manners, including composite or other representations, for brochures, advertising or any other lawful purposes, and I waive any right to inspect or approve the finished product.

SIGNED: _____ DATE: _____

EMERGENCY AND HEALTH INFORMATION:

Participant's Full Name: _____ Date of Birth: _____

In the event reasonable attempts to contact me at _____ (phone number) or _____ (phone number) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Doctor _____ (physician) at _____ (phone number) or Doctor _____ (dentist) at _____ or in the event the designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians/Custodians with Whom Participant Resides:

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

2. Emergency Contact who is Authorized to Pick Up Participant if Parents/Guardians Are Unavailable:

Name: _____ Relationship to participant: _____
Address: _____ Home Phone: _____ Cell: _____
Employer: _____ Email Address: _____
Work Phone: _____ Work Hours: _____

3. Medical Information:

Physicians name: _____ Dentist name: _____
Street address: _____ Street address: _____
City, State: _____ City, State: _____
Phone #: _____ Phone #: _____

Date of Last Tetanus: _____ Known Allergies: _____
Present Medications: _____

Are there any conditions which could limit participation or result in emergency situation? _____

Other Medical Information we should be aware of: _____

Insurance Company: _____ Policy Holder's I.D. _____

This consent will be in effect beginning (date) _____ and be annually updated by the parent/legal guardian

Signature of Parent/Guardian: _____ Date: _____

Ethics Contract for Scholars of Promise
College Retreat 2023
Participant Policies and Responsibilities

All participants are expected to be responsible and respectful and maintain a positive attitude.

All participants are required to abide by all rules and regulations as set forth by the staff.

All participants are required to participate in and to be on time for all scheduled activities (unless sufficient reason warrants otherwise).

Hopa Mountain will not assume responsibility for routine health care or injuries related to non-sanctioned activities. Health care provider/insurance company information must be provided by each participant as indicated in the parent/guardian consent/health form.

Participants are required to inform the appropriate staff of any prescribed medication(s) to be taken, health conditions (for example allergies, physical limitations, and special needs). Participants should do this upon acceptance into the program and again at the beginning of the trip.

All participants must observe the following curfew hours: 10:00 p.m.

Must be in your own sleeping quarters. 10:30 p.m.

Must be in your own bed with the lights out. 10:30 p.m. to 6 a.m.

Must remain in sleeping quarters.

Participants are expected to clean up after themselves and respect all facilities and property that they are visiting.

Respectful use of language is a must. Profanity will not be tolerated.

Failure to abide by program rules and responsibilities will result in termination from the program. The following system will be in effect:

1st offense = verbal warning by adult staff member.

2nd offense = written warning and contacting of parents

3rd offense = expulsion; parent/guardians will be responsible for all fees, differences in airfare, other travel costs and ground transportation to transport the youth home immediately.

No alcohol, drugs or tobacco products are allowed at this event and will result in **immediate automatic expulsion** from the program.

No weapons are allowed at this program. This includes cigarette lighters, knives and anything that may cause harm to another person or the environment.

Energy drinks should not be brought to any Hopa Mountain event or consumed.

Stereos, headsets, cell phones, or any kind of portable electronic equipment may be brought on the trip and may be used only when a program activity is not taking place (e.g. college tour, information sessions, meetings, etc.). However, Hopa Mountain does not assume responsibility and liability for any personal items that may be lost, stolen or damaged. Staff will have phones for emergency purposes.

I have read and agree to abide by the above policies and participant responsibilities/requirements:

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Submission of all forms is required before the Scholar will be allowed to participate in the retreat. Please remember to mail them in advance to Hopa Mountain, 234 E. Babcock, Suite E, Bozeman MT 59715 or email to bsawyer@hopamountain.org

Questions? Please contact Bonnie Sachatello-Sawyer, Hopa Mountain executive director at (406) 586-2455 or (406) 581-0824 (cell)