



NATIONAL HISPANIC INSTITUTE

2018-2019 NHI Parent Release, Financial Policy, & Medical Authorization Form

The National Hispanic Institute (NHI) is a tax exempt, private 501(c) 3 non-profit organization that provides educational service in leadership development. Its offices are located at 472 FM 1966, Maxwell, Texas, USA, about 26 miles southeast of Austin. NHI does not depend on public or private grants. The majority of its funding comes from the student registration fees paid by parents or local community sponsors. To keep these fees within reach of most family and community capacities, the Institute also relies heavily on student and adult volunteers and the generosity of host colleges and universities that realize the value of the training and services NHI students receive. For most students, the NHI experience occurs during the summer months. However, much of the work in preparing the programs occurs over the course of the year. In order to adequately plan and prepare for the programs, NHI has developed the following policies regarding student registration fees:

1) Summer 2019 Application Fee

- a. All students must submit a \$20 non-refundable application fee with their online or paper application to an NHI program. Please visit www.nationalhispanicinstitute.org to submit your program application or download a physical copy.
b. Because NHI begins to service students upon applying to the program (reservations with universities, hotels, orders, etc.), the \$20 application fee and \$150 deposit are non-refundable. If a program nears capacity, admission will be considered in the order in which their deposit is received.
c. Credit card payments are subject to a 3% fee; ACH/e-checks, money orders, and cash are strongly encouraged to avoid fees.

2) Summer 2019 Deposit and Payments

- a. Once a student has been accepted, the family will be asked to submit a \$150 deposit NO LATER THAN TEN (10) DAYS AFTER THE ACCEPTANCE DATE.
b. Both the deposit and the final tuition payment are due in full by October 31, 2018. Applicants who apply by or before October 31, 2018, and who cannot meet this final deadline, MUST arrange a PAYMENT PLAN with the NHI business office in Maxwell, Texas, at 512-357-6137, M-F, 900am-12:00pm; 1:30pm-5:00pm, and/or (if available) online under the student's profile.

3) Summer 2019 Withdrawal

- a. If a student is unable to attend his/her 2019 Summer Program, please note that expenditures have already been made by NHI in staff time, developing a record, communications, reservations with universities, etc. The funds we receive automatically initiate these processes, and therefore we uphold a scaled refund policy. Students may request a refund of their program tuition (less the \$20 application fee and \$150 deposit) on a prorated basis (see table below), provided the request is received in writing by NHI Headquarters in Maxwell, Texas, by the parent NO LATER THAN THE LAST DAY OF EACH MONTH. **DO NOT CANCEL THROUGH COMMUNITY VOLUNTEERS OR GREAT DEBATE PROJECT ADMINISTRATORS. THE REFUND POLICY IS STRICTLY ADMINISTERED BY NHI IN MAXWELL, TEXAS, AND CANNOT BE PROCESSED OR AUTHORIZED BY THIRD PARTIES.

Table with 12 columns: Month (OCT, NOV, DEC, JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG) and Tuition refundable (90%, 80%, 70%, 60%, 50%, \$0, \$0, \$0, \$0, \$0, \$0).

- b. The request can be made: 1. Online in the student's personal account by selecting Summer Cancellation; 2. Sent to the National Hispanic Institute Business Office at P.O. Box 220, Maxwell, Texas 78656, in writing or via fax to 512-357-2206, or; 3. scanned/mailed to admissions@nhimail.com. Include the student's first and last name, the name of the person making the request, the reason for the request, the date, and the address where a response can be mailed or an email address.
c. Verbal telephone requests cannot be considered.

4) Third Party Tuition Sponsorship or Donation

- a. If a student's registration was paid by a third party (school district, non-profit organization, or sponsor) and the student withdraws from the program, the third party donor may transfer that program tuition (less the \$20 application fee and \$150 deposit) to an alternate student provided that the student meets the requirements for admission to an NHI program and there is space. Transfers can only be made during the same program year through August 31. Funds that are not used by August 31 will be forfeited to NHI's Hispanic Youth Fund.
b. Students who confirm their attendance and are no-shows will not be able to access refunds for their sponsors/donors.

(PAGE OVER)

KEEP A COPY OF BOTH PAGES FOR YOUR RECORDS

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5) Acknowledgment of Risk

I am fully aware as the authorizing parent that there are inherent risks to my child's involvement in this activity, including but not limited to: bodily injury or harm, sickness or disease, emotional distress, stress induced or related illness or death to persons whether arising on account of a particular physical or mental activity, requirement, or demand that arises directly or indirectly in connection with the performance of any physical or mental activity initiated by NHI, its subsidiaries, affiliates, successors, and any or all of their employees, volunteers, contractors, members, agents, owners, and directors.

6) Permission to participate in Recreational Activities

This further certifies that I, the undersigned parent, in consideration for the benefits to be derived by our son/daughter, do certify that he/she may participate in any normal and routine recreational or exercise programs of the National Hispanic Institute.

7) Waiver of Liability

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the program from the time of his/her departure from home until his/her return thereto.

8) Media Authorization

I hereby authorize the National Hispanic Institute to allow the use of promotional photography and video graphic images of this minor. I also authorize the use of recordings and/or transcripts of interviews or comments made by my son/daughter.

9) "Celebración 2019" Participation

In the event my child is invited to attend *Celebración 2019*, I authorize this parent release permission form to have full force and effect during that program in addition to the 2019 summer program attended by my child.

10) Use of Lists

I am aware that this minor's name and contact information will be circulated to NHI's College Register members for purposes of college outreach and recruitment. I am further aware that this minor's name and hometown may be circulated to media for publication purposes.

11) Zero Tolerance Policy

I acknowledge that the National Hispanic Institute has a Zero Tolerance policy for the use of alcohol and/or illegal drugs. Any participant or volunteer who is found to be under the influence of alcohol and/or illegal drugs while participating in an NHI sponsored activity will be sent home at their own expense. Minors will be sent home at the expense of their parents or guardian. No tuition refund will be given. Possession of illegal drugs will be referred to the local police.

12) Weapons

The possession of firearms or illegal weapons is prohibited at all NHI programs. Violations of this policy may result in the participant or student volunteer being sent home from the program. No tuition refund will be given.

13) Harassment

Harassment – verbal, physical, threats, or through defamation of character in public or through social mediums -- will not be tolerated. Students engaging in harassment may be sent home and suspended from further participation with NHI. No tuition refund will be given.

14) Unbecoming Conduct

In the event my child displays inappropriate conduct during the program, such as but not limited to, destruction of property, disruption of program activities, theft, leaving the campus or the group activities without advising mentors, or violating curfew, I understand that it is NHI's right to ask my student to leave the program at the parent/guardian's expense. No tuition refund will be given.

15) Sexual Harassment or Activity

Sexual contact or harassment between participants is prohibited. Participants found to have engaged in sexual contact or harassment may be asked to leave the program. Sexual contact or harassment between participants and volunteers is prohibited. If such contact or harassment occurs, the volunteer will be removed from the program immediately. Depending on the nature of the contact and the ages of the participant and volunteer, the incident may be reported to the local police. No tuition refund will be given.

16) Suspension of Future Participation

Any participant or volunteer who violates any of the above policies will be suspended from future participation in any NHI programs or activities. After a minimum period of six months, a suspended participant or volunteer may apply for reinstatement. NHI maintains sole discretion as to the potential reinstatement. Participants or volunteers may be required, at their own expense, to complete additional training and/or counseling or to be under close supervision as a condition of reinstatement.

17) Acknowledgement

I acknowledge the "2018-2019 Parent Release Form & Financial Policy Agreement", Numbers 1 – 17 from page 1 and page 2. I will agree to these terms on the "NHI Medical Authorization, Parent Release & Financial Policy Signatures."



NATIONAL HISPANIC INSTITUTE

FOR ADMISSIONS OFFICE USE ONLY:
RCVD ___/___/___ ENT ___/___/___

FOR ADMISSIONS OFFICE USE ONLY:
PROGRAM: _____

2018-2019 NHI Parent Release, Financial Policy, & Medical Authorization Form

- 1. PRINT & COMPLETE.** (Please print clearly & make a copy for yourself) This form is due along with student program deposit.
- 2. UPLOAD ONLINE:** Log into your child's account at www.nationalhispanicinstitute.org with your child's email/password. Under "Summer 2019," upload this document under: "APPLICATION STEP 2 – UPLOAD DOCUMENTS)

STUDENT INFORMATION

_____	_____	_____	_____	_____
First Name	Middle Name	Last Name	DOB:mo/day/yr	
_____	_____	_____	_____	_____
Home Address	City	State	Country	ZIP

PARENT/GUARDIAN 1 INFORMATION

_____	_____	_____	_____
Full Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Home Address	City	State	Country ZIP

PARENT/GUARDIAN 2 INFORMATION

_____	_____	_____	_____
Full Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Home Address	City	State	Country ZIP

ALTERNATE EMERGENCY CONTACT INFORMATION

_____	_____	_____	_____
Full Name	Home Phone	Work Phone	Cell Phone
_____	_____	_____	_____
Full Name	Home Phone	Work Phone	Cell Phone

MEDICAL/MENTAL/HEALTH/SOCIALIZATION CONDITIONS (List any conditions or concerns that you feel is important for us to know. This may include physical conditions, mental health conditions such as anxiety or depression, conduct, concerns about being on or off particular medications, concerns about student fitting in with peer groups, etc.)

CURRENT MEDICATIONS (List all medications currently being taken by the student.)***

MEDICATION AND FOOD ALLERGIES/DIETARY NEEDS (List any food/medication allergies as well as any dietary needs.)

PHYSICIAN INFORMATION

_____	_____	_____	_____
Physician Name	Clinic Name	Phone	Fax

INSURANCE INFORMATION (IF AVAILABLE)

Insurance Company	Phone Number	Group Number	Policy Number
Policy Holder's Name	Relationship	Home Phone	Cell Phone

Acknowledgement of Medical Policy

I certify that the above information is true and correct and have fully disclosed any medical, physical, mental, or emotional conditions of my child that may affect his/her ability to participate fully in the program.

I understand that participation in the National Hispanic Institute program may include participation in routine physical exercise. I grant my permission for my child to participate in routine recreational or exercise activities that are part of the National Hispanic Institute programs.

I understand that it is my responsibility to inform the National Hispanic Institute of any changes to my child's medical condition or medication in writing at least 90 days prior to the start of the program.

In the event that my child becomes sick or injured during the program, I authorize the National Hispanic Institute to seek appropriate medical treatment and/or hospitalization as ordered or recommended by a qualified physician. This may include, but is not limited to the administration of an anesthetic, laboratory procedures, medical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and or clinics to release necessary medical information to our local doctors for use in claims for insurance coverage.

I accept responsibility for the cost of such treatment and agree to cooperate with the National Hispanic Institute, its employees or officers, its insurance carriers or other related entities to ensure payment for the cost of treatment.

I hereby release the National Hispanic Institute, its officers, agents, instructors, employees and volunteers for any and all illness, injury or accident incurred or suffered by said son/daughter while traveling to, attendance at, or participation in the program from the time of his/her departure from home until his/her return.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Acknowledgment of Financial Policy

I certify that I have received and read NHI's 2018-2019 Parent Release & Financial Policy Agreement and agree to the terms of the policy. This also includes *Celebración* 2019, should my child be eligible to attend. **Furthermore:**

- a. I understand that the program registration fee is refundable (less the \$20 application fee and \$150 deposit) on a prorated basis (see below), provided my request is received to admissions@nhimail.com by the last day of each month. _____ **(initial)**

Month	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Tuition Refundable	90%	80%	70%	60%	50%	\$0	\$0	\$0	\$0	\$0	\$0

- b. I understand that all qualified refunds may be issued through August 31, 2019. _____ **(initial)**
- c. I understand that if I pay for a 2019 program and withdraw, my payments are not transferable to NHI in 2020. _____ **(initial)**
- d. I understand that the \$150 security deposit will hold my spot until my tuition due date. I also understand that to hold my spot beyond my assigned tuition deadline, I must set up a payment plan with NHI or in my online account. _____ **(initial)**

Authorizing Signatures. I, as the authorized parent/guardian, certify that the information contained in **2018-2019 Medical Authorization Form, Parent Release & Financial Policy and Signatures** is true and correct. I understand and agree to the stipulations of the student's financial payments and the policies as stated in this release. I understand this is a fully supervised program of the National Hispanic Institute and that the program tuition DOES NOT include transportation to and from the program site, the local airport/bus/train station transportation fee of \$45 and may not include costs of \$15 or for reading materials, unless otherwise stated.

Full Name of Student

Program: ___ Great Debate ___ LDZ ___ CWS ___ *Celebración*

Name of Parent/Guardian

Signature

Date