



My interview is scheduled for:  
When: \_\_\_\_\_  
Time: \_\_\_\_\_  
Where: \_\_\_\_\_  
\_\_\_\_\_

***Bring completed application  
with parent signatures to interview!***

## E CITY Student Application

Student Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Best time to reach you by phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Expected High School graduation date: \_\_\_\_\_  
Program Location: **BizCamp 2006 at Tri-C Metro** Teacher(s): **Mr. Decipeda / Ms. Smedley**

### Parent/Guardian Information:

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Person to Contact in Case of Emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Please Answer the Following Questions:**

1. How did you hear about E CITY?
2. Why do you want to be a part of E CITY?
3. What do you think you will gain from participation?
4. What will E CITY and the other participants gain by having you as a participant?
5. List any jobs, internships, and/or volunteer experience you have participated in.
6. List any hobbies and/or extra-curricular activities you are involved with.
7. What are your plans for after graduation from High School?
8. What are your goals or vision for your future?

**Please sign below and return completed form to:**

Nicole Lawrence  
E CITY  
3635 Perkins Ave., Suite 5 NE  
Cleveland, OH 44114  
Or Fax to: 216-373-7802

***If selected to participate, I hereby agree to complete the program in its entirety, and take full advantage of this worthwhile opportunity.***

*Signature of Student:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_



## **E CITY Student Participation Permission Form**

(For Students Under 18 Years Old)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Location: **Cuyahoga Community College**

Program Teacher: **Mr. Decipeda / Ms. Smedley**

Program Period: **June 12-23 or June 19-30 (M-F, 8:30am-5:00pm)**

The Student and Parent hereby agree with E CITY and the program sponsor as follows:

1. The Student's participation in the program, and all future E CITY programs/events, is voluntary and the Student assumes all risks and responsibilities concerning participation, including all activities the Student participates in, including but not limited to classroom instruction, field trips, evening and/or athletic activities. The Parent understands that there may be some risk of injury to the Student in these activities, but still desires that the Student participate.
2. The Student and Parent consent to allow E CITY, its employees and agents to render medical treatment to the Student if such treatment should be necessary during the course of the program, and all future E CITY programs/events, including but not limited to classroom activities, field trips, evening and/or athletic activities and transportation to and from program events. The Parent is solely responsible for the cost of such treatment for the Student. It is understood that any agent taking action hereunder shall notify the Parent of the same as soon as possible and that E CITY should not delay obtaining any necessary medical treatment while seeking to notify the Parent. The Student and Parent authorize all physicians and other medical care providers, including hospitals, to provide medical care to the Student in accordance with the direction of E CITY, its employees and agents.
3. In consideration of the Student's acceptance into and participation in the program, and all future E CITY programs/events, the Student and Parent hereby agree to indemnify, hold

harmless and release E CITY, its officers, board of directors, employees, agents and student mentors from liability resulting from any illness, injury, damage to property, or other consequence directly or indirectly related to the Student's participation in the program and all future E CITY programs/events.

4. The Student agrees to abide by all appropriate statutory laws and all rules and policies of E CITY and/or the program sponsor. Failure to abide by the foregoing may result in termination of the Student's ability to continue in the program, and all future E CITY programs/events.
  
5. Parent agrees that should the Student choose to end participation in the E CITY program or misses more than 4 consecutive classes, the Parent agrees to return the NFTE textbook, BizBag, and \$50.00 student stipend (if received by Student) to E CITY within one week of notification by E CITY. If the Parent chooses to keep the textbook and BizBag then the Parent is additionally responsible for the total cost of the textbook and BizBag (\$100.00 value), making the total reimbursement due to E CITY \$150.00.
  
6. Parent gives permission to the school district that the Student attends, or previously attended, to provide E CITY with access to Student records in an effort to obtain updated contact information for Alumni programs and grades for program impact study.

*Signature of Student:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_

*Signature of Parent/Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_/\_\_\_\_/\_\_\_\_



## E CITY Student Media Release Form

(For Students Under 18 Years Old)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Location: **Cuyahoga Community College**

Program Teacher: **Mr. Decipeda / Ms. Smedley**

Program Period: **June 12-23 or June 19-30 (M-F, 8:30am-5:00pm)**

I am the parent/legal guardian of the child named above, who is under the age of 18. I hereby provide permission to E CITY to include certain personal information about my son/daughter/ward in connection with support of E CITY programs/events including publication in: promotional materials, press releases, newsletters, web site contents and in all media now known or hereinafter devised in perpetuity.

I understand that this media will be accessible throughout the world and that the stories including my son/daughter/ward's personal information may appear in written, video, electronic, and other forms.

I understand that information provided by me on my son/daughter/ward will be used to promote E CITY and entrepreneurship education generally. I release E CITY and E CITY's agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by me in the permitted manner.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_