TO: Parents/Guardians/Conference Attendees

FROM: Conference Registration Team

RE: 2020 Game Changer Conference for (4th & 5th Graders), Middle and High School Young Males

Dear Participant,

We are excited that you will be joining us on Saturday, MARCH 21, 2020 from 7:30 a.m. to 3:00 p.m. at the Conference location: The Universities at Shady Grove Conference Center, 9630 Gudelsky Drive, Rockville, Maryland. We expect to have more than 500 young people registered for the Conference; therefore, pre-registration is highly encouraged. If you are completing the registration, just access the NEW WEBSITE TO REGISTER <http://WWW>.[TheGameConference.org](http://thegameconference.org/) and go to “Contribute Tab” where you will find the PAY PAL Link. Then complete the registration form, down load it, and bring it with you to the conference**.**  **Cut-off will Monday, FRIDAY, MACRH 13, 2020**!

**FOUNDER, UCF “Aim High-In-Life” Youth Development Organization,** which celebrates more than a “decade” of promoting student success and “changing lives in the community one student at a time amongst at-promise youth,” proudly celebrates our Co-Sponsors of the Game Changer Conference in its seventh year are—

•       **Mu Nu Chapter of Omega Psi Phi Fraternity**has engaged communities for a very long time with meaningful mentoring programs. With transitioning of the historical partnership with the Presidency of Barack Obama to the new administration, the Fraternity work under the Fatherhood and Mentoring Program will continue to be vital.

•        **Montgomery County Public Schools System**, Office of Student and Family Support and Engagement

•        **Montgomery College**, (A Partnerships for Inter-faith and Community Service (MC-PICS)

•        **The Universities at Shady Grove**offers career-oriented higher education courses to residents of [Montgomery County, Maryland](https://en.wikipedia.org/wiki/Montgomery_County%2C_Maryland) and its surrounding region.

**Conference Goal:**  To prepare our young males for a “Game Changer” experience by helping them to build the confidence, competencies, and values they need to get to the next level and become aSuccess Story. We want to encourage our young males to reach their full potential, resulting in boosting High School and College graduation.

**Conference Objective: To show our young males that they are valued and that we do care about them doing the work required to succeed.** The one-day “Mentoring Conference” is geared towards African-American and minority male students of color: Elementary (4th & 5th), Middle and High School in Montgomery County and the nearby communities.  The aim is to raise awareness and promote student success amongst male students by providing “strategies to win with academics and athletics.” Achievement & Performance Matters!

We expect to have more than 500 youths register for the Conference; therefore, pre-registration is highly encouraged. To complete the registration, just access the NEW Web Site at

<http://WWW>.[TheGameConference.org](http://thegameconference.org/),  and go to “Contribute Tab” where you will find the PAY PAL Link. Then complete the registration form, down load it, and bring it with you to the conference. **The cut-off date will Friday, March 13, 2020!**

This innovative initiative that provides a great “life-changing” experience is supported by the community*.*

**Conference Features:**

* **Life Skills Stations and Enrichment Workshop for Male Forums**
* **Parent Round Table Advocacy (2) Workshops: (start at 9 a.m. and 1 p.m.)** Parents, Guardians and Dads are encouraged to attend the workshops to learn how to be a better advocate for their student(s).
* **TBA, Keynote Speaker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Montgomery County Police Officers - Community Conversation**

**2020 ESSAY Writing Competition for Students**: To improve overall writing skills and better prepare for school and college essay writing, attendees are encouraged to write and submit a 300 word essay entitled **“Making Good Decisions" is a Game Changer: Why is this a vital ingredient to your success at home, school, and in the community? Provide examples of how making good decisions allow you to achieve ultimate success as a Game Changer in all three areas.**

* Please provide the following: Student Name, Email Address, Parent Address and phone number, School, Grade and Principal Name. **This essay is** **not mandatory to attend the conference, but it is highly encouraged.**

All student essays must demonstrate **original writing by the student**. Submissions will be evaluated and a winner will be recognized in each age division (Elementary, Middle and High School). There will be Huge Prizes for the “winners” in each age division. **Students will be required to read their essay to receive the award.**  Students participating in the Essay Contest must submit their 300 word essay no later than **FRIDAY, MARCH 13, 2020** either (1) via email to aimhighinlife@aol.com, or (2) delivered **by the deadline** via mail to our NEW Address 20303 GOSHEN ROAD #104, Gaithersburg, MD 20879.

I believe we are “stronger” working together to shape the next generation of young leaders.  We cannot do this without your support!   We count on your continued support of this unprecedented male conference held in Montgomery County.

**Serving Faithfully,**

**Donald Williams II, (Retired Army LTC)**

Executive Director

UCF Youth Development Organization

[www.ucfinc.org](http://www.ucfinc.org/)

P.S. *Please use the web site to register your students(s) or* you can mail check to 20303 GOSHEN ROAD #104, Gaithersburg, MD 20879, or *we can put tickets on hold at the door, but we will need an exact number of students, age division and a FIRM confirmation AS SOON AS POSSIBLE*

**DONATIONS ARE NEEDED to Sustain the Conference Growth:** Help us make a difference, sow a seed in a young male’s life by contributing to the Game Changer Conference. *Tickets for the Game Changer Conference are on sale through NEW WEBSITE ABOVE for $15 per student.*

***Special Group rates are extended to Mentors, Youth Ministers, Coaches, and others who work directly with our young people. Group rate of $13 per student for a Group of ten or more students****.*

***Make check payable to UCF.***

**PLEASE READ THE FOLLOWING DO’s and DON’Ts of the CONFERENCE CAREFULLY:**

We invite parents to pre-registers their student(s) and drop them off **on time** to participate in the life skill stations at 7:30 - 9 a.m. For the PARENTS and DADS w**e highly encourage you to attend the Parent Academy Workshop first Session at 9:00 a.m. and the second Session at 1 p.m.**

The Co-sponsors of the Game Changer Conference accepts no responsibility for any damaged, lost or stolen items during Conference. Please do NOT bring valuables. There will be no place or means to secure such items.

All workshops and materials are age appropriate and do not imply nor promote any particular sexual, religious or other inappropriate habit/behavior or thought.

All participants are asked to arrive between 7:30 a.m. - 8:00 a.m., so we can get everyone registered and begin the Conference on time.

When participants are dropped off, all parents/guardians will be asked to verify emergency phone contact information and sign them in.

**Conference Attire:**

Slacks and sneakers are acceptable; however, **NO Profanity, NO Baggy or NO sagging jeans. Absolutely NO undergarments should be showing.**

* Shirts with collars and sleeves are acceptable.
* NO tee-shirts with derogatory, foul, cursing or unacceptable language, gestures, or references will not be tolerated!
* NO hats or caps.
* ALL cell phones, pagers, and two-way devises must be turned off during the workshop blocks. Participants will have plenty of time to make personal calls during the opening hours and lunch.
* No gum.
* Any disrespect for the workshop presenters or other Conference attendees will not be tolerated.
* All participants should come expecting to have fun, meet new people and have an open mind to all of the information discussed and shared.

**BEHAVIOR MATTERS!**

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  UCF - AIM *HIGH IN LIFE*

*“A Youth Development Organization”*

Parental Consent and Waiver of Liability Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (“my child”), consent for my child to participate in all activities sponsored and/or coordinated by Unity Christian Fellowship, Inc. (hereinafter referred to as “UCF-sponsored activities”). My contact information follows: Cell Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Authorization for Medical Treatment

My child is in good health, and I know of no reason why he/she would be incapable of participating in all UCF-sponsored activities. I will immediately notify Unity Christian Fellowship, Inc. (hereinafter referred to as “UCF”) in writing, if a change in my child’s health or other condition would affect my child’s ability to participate in UCF-sponsored activities.

I authorize UCF to act on my child’s behalf should I be unable to do so and consent to all medical treatment which UCF deems necessary for my child’s medical well-being in emergency circumstances arising during UCF-sponsored activities.

I hereby release UCF, its owners, directors, officers, employees, agents, teaming partners, and independent contractors, from any and all damages, liability, or costs resulting from the authorizing of medical treatment. I further hold UCF, its owners, directors, officers, employees, agents, teaming partners, and independent contractors harmless and agree to indemnify UCF from any and all costs, damages, or expenses incurred by UCF as a result of any claim or action filed by any party alleging damages incurred and as a result of any medical treatment provided or authorized.

Assumption of Risk

I understand and acknowledge that there are certain risks associated with participation by my child in UCF-sponsored activities, and I agree to assume the full risk of any bodily injury, personal injury, illness, death, or property damage that may result from my child’s participation, in any manner, in UCF-sponsored activities.

Release and Waiver of Liability

I release, waive and hold harmless UCF, its owners, directors, officers, employees, agents, teaming partners, and independent contractors (hereinafter referred to as “released parties”), from any liability or claim resulting from any bodily injury, personal injury, illness, death, or property damage that my child may incur as a result of participating in UCF-sponsored activities. I also agree to indemnify, hold harmless and defend UCF and all released parties against any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs that may arise from, or as the result of, the conduct of my child in connection with UCF-sponsored activities.

Consent to Use Photograph and Video Images of Child

I grant full permission and rights to use, without compensation, photographic and/or video images taken of, or quotations provided by, my child relating to his/her participation in UCF-sponsored activities in brochures, websites, advertisements, and other marketing materials for UCF.

I have read and understand the above Parental Consent and Waiver of Liability Agreement. I understand that UCF does not and cannot provide insurance or protection against injuries sustained by my child, and I fully accept the risk of injury that may be associated with participation in UCF-sponsored activities. I also understand and agree that this document is valid in and of itself as a waiver and release of liability and discharges any and all claims of liability that may arise from my child’s participation in UCF-sponsored activities. This Agreement is governed by Maryland law, and any provision that may be held invalid by a court shall not affect the enforceability of the remainder of the Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THE AGREEMENT INCLUDES A WAIVER OF LIABILITY, AN ASSUMPTION OF RISK, AND AN AGREEMENT BY ME TO INDEMNIFY THE RELEASED PARTIES, AND I SIGN IT OF MY OWN FREE WILL.

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

Date Signature of Parent/Guardian

GAME CHANGER CONFERENCE REGISTRATION

PARENTAL/GUARDIAN CONSENT FORM

(Please read both pages of this form before signing)

Name of Youth: (First, Middle and Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_, Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_

School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_

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

Name of Primary Emergency Contact:

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

Relationship to Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Secondary Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to Youth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is youth covered by health insurance? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

If yes, please attach a copy of the insurance card or form.

Name of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any allergies, current medications, disabilities, cardiac conditions (heart murmur, irregular heartbeats), high blood pressure, other medical issues or needs:

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

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