

# A.M.P.S. Institute

## Advanced Minds Pursuing Success

### The Program

#### Description

An interactive and educational weekend retreat that motivates youth to unlock their leadership potential through sessions and skills-based workshops. Our topics include entrepreneurship, public speaking, business etiquette ethics, effective communication, goal setting, time management, financial literacy, and mindfulness.

#### Mission

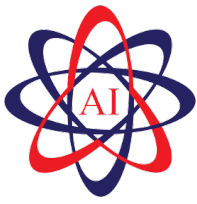
The mission of the A.M.P.S. Institute is to provide the basic knowledge needed for youth to compete successfully in a free-market system through innovative leadership techniques and real-world entrepreneurial experiences.

#### Objectives

- ❖ To equip students with a set of portable, entrepreneurial, and leadership skills that include critical thinking, observing, writing, planning, marketing, team building, and financial literacy, with a technological basis.
- ❖ To make participants aware of entrepreneurial opportunities through exploring activities that reveal market conditions.
- ❖ To provide students with entrepreneurial skills so that they may gain an advantage in the business world and an incentive to continue their education.
- ❖ To teach the importance and the means to create capital ownership, wealth, and economic control within a community.
- ❖ To prepare a class of future entrepreneurial thinkers (especially in urban and rural areas) who can enhance business growth, create jobs, develop community resources, and stimulate the national economy.

#### Guidelines

- ❖ Must be between the ages of 16 and 22 years old.
- ❖ Must have an unweighted grade point average of 2.0 or better.
- ❖ Must be able to attend from Friday to Sunday afternoon.
- ❖ Provide a \$0 registration fee (Montgomery, AL only)



# A.M.P.S. Institute

## Advanced Minds Pursuing Success

### Student Application

This application form is designed to give us a clear picture of your future goals. The time you invest in completing this form will be well spent as we develop our relationship with you. Please provide all the information requested to ensure your application is processed promptly.

#### Application Checklist

If you complete and return everything on the following checklist to us, your application for the A.M.P.S. Institute is complete. Application deadline October 11, 2024

- ❖ Completed Application
- ❖ Signed Parent Waiver – (Please note that those 18 years and older do not require parental signatures.)
- ❖ Signed Medical Authorization
- ❖ Recent picture of yourself
- ❖ Letter of recommendation
- ❖ \$0 Registration fee if accepted.

#### Program Session

Please check the program session you wish to enroll in.

Session A

October 25th to 27, 2024  
The Embassy Suites by Hilton  
300 Tallapoosa Street  
Montgomery, AL 36104

A.M.P.S. Entrepreneurship/Leadership Institute

Attn: Application Department

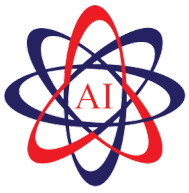
1729 NW St. Lucie West Blvd Suite 1093

Port Saint Lucie, FL 34986

(772) 867-8337 or (954) 668-8008

[www.ampsinstitute.com](http://www.ampsinstitute.com)

[info@ampsinstitute.com](mailto:info@ampsinstitute.com)



# A.M.P.S. Institute

## Advanced Minds Pursuing Success

### Student Application

#### Applicant Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code*

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Education

School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_

#### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

## Previous Employment, Internships, and Volunteer Experience

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job  
Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job  
Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

## Parent's Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are accurate and complete to the best of my knowledge.*

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Extra-Curricular Activities**

List any hobbies and extracurricular activities in which you are involved.

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**Goals after Graduation (HS or College)**

What are your goals after graduation from High School?

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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact Number \_\_\_\_\_

In case of emergency, contact other than parent(s)/guardian(s) \_\_\_\_\_

Relationship with youth \_\_\_\_\_

Emergency contact phone number \_\_\_\_\_

**\*\*\*\* Please note that those 18 years and older do not require parental signatures. \*\*\*\***

**CONSENT:**

I \_\_\_\_\_, the parent(s)/guardian(s) of the child mentioned, give my consent and approval for him/her to attend the A.M.P.S Institute.

We, at this moment, authorize the Institute, its employees, and agents to take emergency actions on behalf of my/our child in the event of an accident or illness during the event.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\* 18 and older signature\*\*\*\***

Insurance Carrier \_\_\_\_\_

Identification Number \_\_\_\_\_ Group Number \_\_\_\_\_

Personal Physician \_\_\_\_\_

Physician Telephone \_\_\_\_\_

Please give us any additional information that would facilitate care in a health or medical emergency (i.e., medications, physical disabilities, any allergies, heart condition, seizures, dietary restrictions, etc.):

## STUDENT PARTICIPATION PERMISSION FORM

\*\*\*\* *Please note that those 18 years and older do not require parental signatures.* \*\*\*\*

The parents or legal guardian (“Parent”) of \_\_\_\_\_  
Permit their child (“Student”) to attend all the program activities included in the  
following entrepreneurship program operated by the AMPS Institute.

**Program Sponsor’s Name:** AMPS Entrepreneurship/Leadership Institute

**Program Address:** The Embassy Suites by Hilton, 300 Tallapoosa Street, Montgomery, AL 36104

**Program Period:** From Friday, October 25, 2024, to Sunday, October 27, 2024

The Student and Parent at this moment agree with Amps Institute and the program  
sponsor as follows:

1. The Student’s participation in the program is voluntary, and the student assumes all risks and responsibilities concerning participation in the program, including all activities the student participates in, including but not limited to classroom instruction, evening, and beach activities. The Parent understands that there may be some risk of injury to the student in these activities but still desires that the student participates in the program.
2. The Student and Parent consent to allow The Institute, its employees, and agents to render medical treatment to the student if such treatment should be necessary during the program, including but not limited to classroom activities, evening and 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 acting hereunder shall notify the Parent of the same as soon as possible and that The Institute should proceed with obtaining any necessary medical treatment while seeking to inform the Parent. The Student and Parent authorize all physicians and other medical care providers, including hospitals, to provide medical care to the student at the direction of The Institute, its employees, and agents.
3. In consideration of the student’s acceptance into and participation in the program, the Student and Parent at this moment agree to indemnify, hold harmless, and release AMPS International, LLC, and the Amps Institute, its officers, 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.
4. The Student agrees to abide by all appropriate statutory laws and all rules and policies of the AMPS Entrepreneurship/Leadership Institute and the program sponsor. Failure to comply with the preceding may result in the termination of the student’s ability to continue in the program.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/GUARDIAN MEDIA PERMISSION FORM**

\*\*\*\* *Please note that those 18 years and older do not require parental signatures.* \*\*\*\*

Name of Parent/Legal Guardian: \_\_\_\_\_

Name of Child: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Institute Program: **October 25, 2024, to October 27, 2024**  
**The Embassy Suites**  
**by Hilton**  
**300 Tallapoosa Street**  
**Montgomery, AL 36104**

I am the parent/legal guardian of the above child under the age of 18.  
At this moment, I provide permission to the AMPS Entrepreneurship/Leadership Institute to include certain personal information about my son/daughter in connection with the support of the Institute program, including publication in:

Promotional materials, press releases, newsletters, website content, and in all media news or, from now on, devised in perpetuity.

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

I understand that the information I provided on my son/daughter will generally be used to promote the Institute and entrepreneurship education. I release AMPS International, LLC and AMPS Institute agents and employees from any claims of infringement, invasion of privacy, defamation, or misappropriation arising from the use of the information provided adequately by me.

Signature of parent/legal guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\* 18 and older signature\*\*\*\*



## TRANSPORTATION

**\*\*\*\* Please note that those 18 years and older do not require parental signatures. \*\*\*\***

Your Son/Daughter \_\_\_\_\_ will travel with  
chaperones in a chartered bus to a local farm.

By signing below, the parents/guardians, his heirs, executors, or administrators do, at this moment, release and waive all claims for damages against the AMPS Institute and its entities.

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\* 18 and older signature\*\*\*\*