



May 15, 2007

Dear Outstanding Student,

Congratulations! You have been selected to represent your high school at the Hugh O'Brian Youth Leadership (HOBY) Seminar. You were chosen because of the outstanding leadership potential you have demonstrated in school and community activities.

The HOBY California-South Leadership Seminar will take place June 8-10, 2007. The event will be held at CSU San Marcos, with more than 130 sophomores in attendance. Your Registration Fee has been paid, and excluding transportation to and from the site, a sponsor has generously paid for your expenses. During the weekend, you will join other "HOBY Ambassadors" from our state to enjoy a unique learning experience. We will present multiple viewpoints on important issues and encourage you to use think critically about leadership, and also begin to identify your own particular leadership strengths. The seminar will be an enjoyable experience in a stimulating workshop environment. What you get out of the seminar will correlate directly with your level of participation in the activities – come prepared to interact!

Enclosed, please find the HOBY pre-seminar materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent or guardian. **You must return the following forms to me by May 25, 2007:**

- 1. Participant Confirmation Form**
- 2. Medical History Records Form (2 pages)**
- 3. Health Insurance Form**
- 4. Consent & Acknowledgment of Risk Form**
- 5. Notice of Privacy Practices**

If you will be bringing medication with you, you must also complete the Medication Verification Form for Physicians and bring it with you on the first day of the seminar.

If you have any questions or if you find you will not be able to attend the seminar, please contact Rozanna Zane at 858-538-8742. Should you have any problems while en route to the seminar, please call the CSUSM University Village at 760-750-3711 and ask them to connect you with the HOBY staff. We are delighted to offer you this opportunity and look forward to greeting you personally at the California-South Leadership Seminar.

Sincerely,

Greg Frank
Leadership Seminar Chair, HOBY California-South
PO Box 927976
San Diego, CA 92192
858-240-2762

Answers to Commonly Asked Questions

Where will the seminar be held? The seminar will take place at CSU San Marcos – University Village, 305 Campus View Drive, San Marcos, CA 92078.

When will the seminar be held? Seminar participants may register any time after 8:00 a.m. but before 10:00 on Friday, June 8, 2007. The seminar will begin with Ambassador Orientation on June 8 at 10:00 a.m. and conclude with Closing Ceremonies on June 10 at 3:00 p.m. You must be present for the entire seminar, including overnight.

Where should I go when I arrive? Enter the facility by following the signs from Barham Drive and proceed to the University Village office lobby. A HOBY volunteer committee member will greet you and check you in.

What kind of program is planned? During your HOBY Leadership Seminar, many dynamic leaders—all volunteers from the fields of business, education, government, and other professions—will address aspects of our changing world and the challenges future leaders will confront. The program will not promote any specific political party, religion, or way of thinking; but is designed to develop thinking skills by actively involving participants in discussions and informal debate. During the seminar, you will be asked to undertake a community service project(s) involving at least 100 hours during the year following your seminar, to make a difference in your school, community, place of worship, or other environment where you see a need. The program also includes outstanding speakers, leadership building activities, social events, and a special closing ceremony to which your parents are invited.

What are the accommodations like? Participants will be assigned to apartments with three to four participants per apartment on floors reserved exclusively for the seminar. Please bring linens or a sleeping bag, a pillow, and toiletries. Everyone will receive nutritious breakfasts, lunches, and dinners. Please plan to have breakfast before arriving on Friday. On the Medical History Records Form, please indicate any special dietary considerations and we will do our best to accommodate you.

What if I need to take medication while I am at the seminar? Please provide information about your medication on the Medical History Records Form and bring the Physician Medication Verification Form with you to the seminar (documents are included in this packet). Make sure to read and comply with the Policy for Use of Medication During a HOBY Event.

If necessary, how may I be contacted during the seminar? Parents, friends, and family members are discouraged from calling students during the seminar due to the disruption caused to panels and activities. In case of emergency, your parent(s) or guardian may call 760-750-3711 and ask them to connect you with the HOBY staff. The seminar will be chaperoned by qualified adults who will be staying at the facility 24 hours a day.

Who pays for the seminar? Your school or parent has paid a \$150 Registration Fee and will provide transportation to and from the seminar. All costs for meals, lodging and training materials have been generously provided by sponsors throughout our state, including businesses, foundations, individuals, and service organizations wishing to support leadership education.

What should I wear at the seminar? Dress is casual throughout the weekend, and you will be provided a HOBY t-shirt. You may want to bring an undershirt or two because the HOBY t-shirt will be worn most of Friday and Saturday. Sunday is slightly more “dress-up.”

What transportation arrangements have been made? You are responsible for your transportation to and from the seminar. Please include all details of your itinerary on the enclosed Participant Confirmation Form. If you have last minute transportation problems up to Wednesday, June 6, 2007, please notify Rozanna Zane at 858-538-8742.

What if I am unable to attend the seminar? If circumstances arise that prevent you from attending the entire seminar, including overnight, we would like to give another student the opportunity to attend. Please return these forms to the person at your school who selected you, and follow up with a call to Rozanna Zane at 858-538-8742.

Whom may I contact should I have additional questions? Additional questions or concerns should be directed to Rozanna Zane at 858-538-8742.

What action should I take now? With your parent or guardian, carefully review, complete and sign the forms enclosed with this packet and return to Rozanna Zane, PO Box 720332, San Diego, CA 92172, fax: 866-746-7816 by May 25, 2007.

Hugh O'Brian



Please return this form by *May 25, 2007* to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Participant Confirmation Form

(Please type or print legibly)

Mr. / Ms. _____
(Last name) (First name)

Birth date: ____ / ____ / ____ Social Security # (last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone Number: (____) _____ Email: _____

High School You Will Represent: _____

T-Shirt Size: S / M / L / XL / XXL / XXXL

Preferred name for nametag: _____

Newspaper Name: _____ City: _____

Travel Information

Participant will arrive at the HOBY Leadership Seminar by:

CAR BUS TRAIN PLANE

If traveling by car, participant will be driven by (name of driver): _____

Telephone number: (____) _____ OR _____ Participant will be driving him/herself to the seminar.

If traveling by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Arrival Date: _____ Arrival Time: _____ AM / PM

How will student be transported between bus/airport/train station and seminar facility? _____

If departure plans are different, please explain: _____

If departing by bus, train, or plane – Name of Carrier: _____

Bus/Train/Flight Number: _____ Departure Date: _____ Departure Time: _____ AM / PM

I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

Signature of Parent/Legal Guardian: _____ Date: _____

Please return this form by *May 25, 2007* to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Medical History Records Form

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PARTICIPANT PERSONAL INFORMATION

Last name		First name		Middle initial
Gender	Date of birth		Place of birth	
(Area code)	Telephone number		High school/Institution participant represents	
Participant's permanent street address				
City		State	Zip code	

EMERGENCY CONTACT INFORMATION

Last name		First name		Relationship to participant	
(Area code)	Primary telephone number		(Area code)	Secondary telephone number	
Name of family physician			(area code)	Physician telephone number	

PARTICIPANT PERSONAL MEDICAL HISTORY

Please check the following diseases the participant has had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | |

Check the following conditions the participant has had or are subject to now:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Nose Bleed |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Upset stomache |
| <input type="checkbox"/> Emphysema/ Bronchitis | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

What treatments or medications (if any) does the participant require for any of the above conditions?

Has the participant ever been hospitalized or had serious illnesses? If so, please explain in detail, use additional sheet if necessary.

If there are any limitations on the amount of physical exercise the participant can engage in, please describe and explain (use additional sheet of paper if necessary):

Please list all allergies (insect stings, plants, foods, etc) and any dietary needs or restrictions.

Please return this form by **May 25, 2007** to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Medical History Records Form (page 2)

MEDICATION

Please list any medications the participant has allergic reactions to (penicillin, sulfa drugs, tetanus antioxin, etc.) and what the reaction is:

Please list any prescription medications the participant is taking, including: (1) name and type of medication; (2) condition for which medication is being prescribed; and (3) dosage information. Please also list any non-prescription medication the participant takes regularly. **Please read HOBY's Policy for Use of Medication During a HOBY Event and have the participant bring a doctor's note to the seminar.** By signing this form, you attest that the use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Please mark the below over-the-counter medications that you approve to be administered to your child by HOBY:

- | | |
|---|---|
| <input type="checkbox"/> ibuprofen (such as Advil, Motrin) | <input type="checkbox"/> decongestant (please specify if a specific decongestant is necessary: _____) |
| <input type="checkbox"/> acetaminophen (such as Tylenol) | <input type="checkbox"/> antibiotic ointment (such as Neosporin, Polysporin, Bacitracin) |
| <input type="checkbox"/> diphenhydramine (such as Benadryl) | <input type="checkbox"/> eye drops (such as artificial tears or saline) |
| <input type="checkbox"/> naproxen (such as Aleve) | <input type="checkbox"/> Gas-X |
| <input type="checkbox"/> throat lozenges | <input type="checkbox"/> other (please specify: _____) |
| <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> loperamide (such as Imodium) | |

IMMUNIZATIONS

Please list the type of illness the participant has received immunizations for:

Type of Illness:	Approximate Date(s) of Immunization:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus)	
<input type="checkbox"/> Tetanus booster (Please indicate date of last booster)	
<input type="checkbox"/> Hib (Haemophilus influenzae type B)	
<input type="checkbox"/> Polio	
<input type="checkbox"/> MMR (Measels, Mumps, Rubella)	
<input type="checkbox"/> Chicken pox (Varicella)	
<input type="checkbox"/> Influenza (Flu shot)	
<input type="checkbox"/> Pneumonia (Pneumococcal)	
<input type="checkbox"/> Meningitis (Meningococcal)	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Typhoid	

I verify that all information provided in this Medical History Records Form is complete and accurate.

I hereby give my permission to HOBY to store the above prescription medication listed to my child. I understand and have discussed with my child that it is the responsibility of my child to take the medication as directed by his or her physician while at a HOBY event. I also give permission for HOBY to administer over-the-counter medications that I have approved above that may be necessary to treat minor conditions. I understand that if HOBY deems necessary, they will take my child to a hospital or other medical facility for more intensive treatment. I understand that all HOBY staff, volunteers and HOBY, as an organization, are not liable for any adverse affects that may occur due to this medication and they are not liable in the possibility that a child misses a prescribed dose or in the event the medication is administered incorrectly. I also state that all the above information is complete and accurate and any misapplication of medication due to inaccurate, incomplete, or unreadable information is not the responsibility of HOBY. I also understand that the HOBY staff, volunteers and HOBY, as an organization, are not responsible if my child fails to present themselves at the announced places/times to take the above specified medication.

Signature of Participant

Signature of Parent/Legal Guardian

Date

Date

Policy for Use of Medication During a HOBY Event

If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
 - a. The name and type of medication.
 - b. The condition for which the medication is being prescribed.
 - c. Dosage information.
 - d. Attestation that use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.

Hugh O'Brien



Please return this form by *(deadline)* to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. Please type or print legibly.)

1. Name of Participant/Patient: _____
2. Prescribing Physician Name: _____
3. Prescribing Physician Medical License Number and State where licensed: _____
4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

5. Please affix physician's business card or voided prescription in the space below.

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Signature of Prescribing Physician: _____ Date: _____

Hugh O'Brian



Please return this form by *(deadline)* to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Health Insurance Form

(Please type or print legibly)

6. Name of Participant: _____

7. Health insurance plan name: _____

8. Health insurance plan number: _____

4. Health insurance group number: _____

5. Check here if participant is not covered by a health insurance plan.

6. Name of parent or legal guardian: _____
Last First

7. Emergency contact telephone number: _____
(Area Code)

Signature of Parent/Legal Guardian: _____ Date: _____

Hugh O'Brian



Please return this form by *(deadline)* to:

Rozanna Zane
PO Box 720332, San Diego, CA 92172
Fax: 866-746-7816

Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Participant's Name: _____

Event/Activities: _____

Dates: _____ Location: _____

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
- 2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
- 3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
- 4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
- 5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
- 6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
- 7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Participant: _____ **Date:** _____

IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature of Parent/Legal Guardian: _____ **Date:** _____

Please return this form by *(deadline)* to:

Rozanna Zane

PO Box 720332, San Diego, CA 92172

Fax: 866-746-7816

Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT MAY BE USED AND DISCLOSED. PLEASE REVIEW THE BELOW INFORMATION CAREFULLY AND IF YOU AGREE, PLEASE EXECUTE THE ATTACHED AUTHORIZATION.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent provided by you to HOBY for up to seven years. We use and retain these records to provide or enable health care providers to provide quality medical care to your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.

A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information

HOBY collects health information about your minor child or dependent and stores it in a file and on a computer. These files are the property of HOBY, but the information belongs to you and your child or dependent. The law permits us to use or disclose your child or dependent's medical information for the following purposes:

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent as detailed below.

B. When HOBY May Not Use Or Disclose Medical Information

Except as described in this Notice of Privacy Practices, HOBY will not use or disclose health information which identifies your child or dependent without your written authorization.

C. Your Health Information Rights

1. Request for Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information by way of a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
2. Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Hugh O'Brian Youth Leadership at (310) 474-4370.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

E. Questions or Complaints

Questions or complaints about this Notice of Privacy or how HOBY maintains the medical information of your child or dependent should be directed to Hugh O'Brian Youth Leadership at (310) 474-4370.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Participant: _____

HOBY AMBASSADOR RULES AND REGULATIONS

So that this seminar may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of any violation of the Rules and Regulations, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. **YOU MUST MAKE A COMMITMENT TO STAY FOR THE ENTIRE SEMINAR, INCLUDING OVERNIGHT.** If you have a scheduling problem, we strongly suggest offering the weekend to your school's alternate.
2. You are expected to be on time for all seminar functions and attend all scheduled activities, including meals.
3. You must wear your HOBY nametag at all seminar functions.
4. No outside guests are allowed in or around the seminar facility except for closing ceremonies.
5. You must stay within your assigned group during panel sessions. If you must leave a session, gain permission from your group facilitator and wait for an adult staff member to escort you. No ambassador is to leave the facility except for scheduled seminar events.
6. Room visitation by members of the opposite sex is not permitted.
7. No smoking, no drinking of alcoholic beverages and no unauthorized drug use is permitted.
8. Any ambassador who has a medical problem that requires special care, treatment or medication must inform his or her group facilitator.
9. In case of emergency, contact your group facilitator or come directly to the Operations Room. There are chaperones and facilitators available 24 hours a day and they can be contacted at any time.
10. Lock your room door at all times, whether you are in it or not. Notify the security staff on-duty immediately if you need assistance.
11. Use the "Buddy System" when moving throughout the facility without your facilitator.
12. Ambassadors are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones in the hotel/dorm lobby.
13. Payment for any extra charges billed to a room (i.e., lost keys, lost towels, movies, room service, etc.) will be the responsibility of all ambassadors assigned to that room.
14. Ambassadors are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
15. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
16. Respect the rights of other facility guests and enter only those rooms and floors in which seminar-related activities are being held. Keep noise to a minimum.
17. Refrain from entering the Operations Room, except in case of an emergency.