



# 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 of 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 age 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.
- ❖ Must submit an essay on your dream business.
- ❖ Provide a \$0 registration fee (St. Croix 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 17, 2023

- ❖ Completed Application
- ❖ Signed Parent Waiver
- ❖ Signed Medical Authorization
- ❖ Recent photo picture of yourself
- ❖ Letter of recommendation
- ❖ \$0 Registration fee if accepted.

#### Program Sessions

Please check the program session you wish to enroll in.

☐ Session A

October 27<sup>th</sup> – 29<sup>th</sup>, 2023  
Carambola Beach Resort  
Estate Davis Bay  
St. Croix, USVI, 00850

A.M.P.S. Entrepreneurship/Leadership Institute  
Attn: Application Dept  
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: \_\_\_\_\_ Date: \_\_\_\_\_  
*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.*

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

## Extra-Curricular Activities

List any hobbies and extra-curricular activities in which you are involved.

[illegible]

### Goals after Graduation (HS or College)

What are your goals after graduation from High School?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## 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\_\_\_\_\_

### 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\_\_\_\_\_

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., particular medications, physical disabilities, any allergies, heart condition, seizures, dietary restrictions etc.):

## STUDENT PARTICIPATION PERMISSION FORM

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:** Carambola Beach Resort, Estate Davis Bay, St. Croix, USVI 00850

**Program Period:** From Friday, October 27, 2023, to Sunday, October 29, 2023

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 not delay 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

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

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

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

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

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

Institute Program:     **October 27, 2023 – October 29, 2023**  
                                  **Carambola Beach Resort**  
                                  **Estate Davis Bay**  
                                  **St. Croix, USVI 00850**

I am the parent/legal guardian of the above child under the age of 19.

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 throughout the world and that stories, including my son/daughter's personal information may appear in writing, video, electronic, and other forms.

I understand that information provided by me on my son/daughter will be used to Promote the Institute and entrepreneurship education generally. 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: \_\_\_\_\_



## TRANSPORTATION

Your Son/Daughter\_\_\_\_\_ will be traveling 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\_\_\_\_\_