



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 Thursday to Saturday afternoon.
- ❖ Must submit an essay on your dream business.
- ❖ Provide a \$0 registration fee (Puerto Rico only)



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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 May 10, 2024

- ❖ Completed Application
- ❖ Signed Parent Waiver
- ❖ 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

May 30th –June 1st, 2024
Villa Cofresi Hotel
100 Road, 115, Unit 874
Rincon, Puerto Rico, 00677

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
info@ampsinstitute.com



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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: _____

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., 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: Villa Cofresi Hotel, 100 Road 115, Unit 874, Rincon, Puerto Rico, 00677

Program Period: From Thursday, May 30, 2024, to Saturday, June 1, 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

Name of Parent/Legal Guardian: _____

Name of Child: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Institute Program: **May 30, 2024 to June 1, 2024**
Villa Cofresi Hotel
100 Road, 115, Unit 874
Rincon, Puerto Rico 00677

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 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: _____

TRANSPORTATION

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 _____