



## **AMPS Entrepreneurship & Leadership Institute 2025 Young Entrepreneurs Retreat**

### **Mission**

The mission of the AMPS Entrepreneurship and Leadership Institute Retreat 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.

### **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 and ethics, effective communication, goal setting, time management, financial literacy, and mindfulness.

### **Objectives**

- To equip participants 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 participants 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.
- \$0 registration fee (Ventura, CA only)

## 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 AMPS Entrepreneurship and Leadership Institute Retreat is complete. **Application deadline June 27, 2025**

- ☐ Completed Application
- ☐ Signed Parent Waiver (Students above the age of 19 may sign the documents.)
- ☐ Signed Medical Authorization
- ☐ Recent picture of yourself
- ☐ Letter of recommendation
- ☐ Ventura, California 2025 applicants \$0 registration fee if accepted

### Program Session

Please check the program session you wish to enroll in.

- ☐ Session A      July 11<sup>th</sup> -13<sup>th</sup> ,2025  
The Crowne Plaza Hotel  
450 E. Harbor Boulevard  
Ventura, CA 93001

✉ **Email your completed application to:**

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

Subject line: *Ventura 2025 Application – [Your Name]*

**📅 Application Deadline: June 27, 2025**

**You can contact us at:**

**AMPS Entrepreneurship & Leadership Institute**

1729 NW St. Lucie West Blvd, Suite 1093

Port Saint Lucie, FL 34986

☎ (772) 867-8337 or (786) 897-3488

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

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



## AMPS Entrepreneurship & Leadership Institute 2025 Young Entrepreneurs Retreat

### Applicant Information

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: Street Address: \_\_\_\_\_ Apart/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: \_\_\_\_\_

### Parental Information

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

Email address: \_\_\_\_\_

## Previous Employment, Internships and/or Volunteer Experience

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

## Disclaimer and Signature

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

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Extra-Curricular Activities**

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

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**Goals after graduation from High School or College**

Briefly summarize your goals after High School or College graduation.

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## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

\*\*\* Students 19 years old and above can sign without their parent's signature. \*\*\*

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 participant: \_\_\_\_\_

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

**CONSENT:** I \_\_\_\_\_,  
the parent(s)/guardian(s) of the child mentioned above, give consent for him/her to attend the  
AMPS Entrepreneurship and Leadership Institute Retreat to be held July 11-13, 2025 at The  
Crowne Plaza Hotel 450 E. Harbor Boulevard, Ventura, CA 93001

We hereby 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 disability, any allergies, heart condition, seizures,  
dietary restrictions, etc.):**

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## STUDENT PARTICIPATION PERMISSION FORM

\*\*\* Students 19 years old and older can sign without their parent's signature. \*\*\*

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 Crowne Plaza Hotel, 450 E. Harbor Boulevard, Ventura, CA 93001

**Program Period:** From Friday, July 11, 2025, to Sunday, July 13, 2025

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 participate 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

\*\*\* Students 19 years old or older can sign without their parent's signature. \*\*\*

Name of Parent/Legal Guardian/Student if 19 or older: \_\_\_\_\_

Name of Child/Participant: \_\_\_\_\_

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

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

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

Institute Program:           **July 11, 2025, to July 13, 2025**  
  **The Crowne Plaza**  
  **450 E. Harbor Boulevard**  
  **Ventura, CA 93001**

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

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 or Self: \_\_\_\_\_

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



## TRANSPORTATION WAIVER

\*\*\* Students 18 years old and older can sign without their parent's signature. \*\*\*

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\_\_\_\_\_