

WHY BRING ONEJAX TO YOUR SCHOOL?

- The OneJax workshops offer students the opportunity to practice healthy communication, empathy and understanding.
- The workshops allow students the space to get to know their classmates beyond the surface.
- >> OneJax helps create an environment where students are seen, heard and loved for who they are.
- OneJax tailors each program to meet the needs of the school community and meet the students where they are.
- OneYouth staff includes experienced educators who are passionate about what they do
- Classes & workshops are dynamic, interactive, revealing and fun!
- Discussions can include difficult topics students struggle with every day, such as self-advocacy, self-reflection, honest and healthy communication with peers, vulnerability, discrimination, racism, etc.
- Through these workshops, OneYouth can help shift the school culture to one of belonging.



The Sandy Miller Metrotown Leadership Institute will be offered once in the summer of 2024 during the following dates.

(Must return application by, 2024.)

Location for this session: **TBD**

Times for this session: **TBD**

WHAT IS THE SANDY MILLER METROTOWN LEADERSHIP INSTITUTE?

The OneJax Sandy Miller Metrotown Leadership Institute, named for the transformative leader of Metrotown, is a gathering of high school students, entering grades 9-12, who come together to explore options for living successfully in an increasingly diverse and inter-dependent world. At Sandy Miller Metrotown Leadership Institute, students share ideas and feelings, discover their own unique talents, experience a variety of perspectives on diversity issues, multicultural communication, religious traditions, and self-esteem. Participants create strategies for living and working with a multitude of differences.

The goal of Sandy Miller Metrotown Leadership Institute is to promote respect and understanding among all people. This goal is achieved through small group discussions and workshops, creative and artistic expression, recreation, outdoor experiences, and personal reflection on our diverse community. Be prepared! When you've completed the Sandy Miller Metrotown Leadership Institute, you'll see the world through a different lens and you will have made a lasting and positive difference in your own life, and in the lives of your new friends.

The Sandy Miller Metrotown Leadership Institite is supported with funding from:









HOW DO I BECOME A SANDY MILLER METROTOWN LEADERSHIP INSTITUTE DELEGATE?

Students are usually referred by an adult friend, teacher, counselor, clergy leader, community leader, or parent who recognizes the gifts you have to offer. The referring adult is considered your sponsor. In some cases, a sponsor may assist financially with the registration fee. You must complete the enclosed application form to apply for Sandy Miller Metrotown Leadership Institute.

Please email your completed application to: onejax@onejax.org

Shortly after receipt of your application, a OneJax staff member will contact you about your next steps toward becoming a delegate in the 2023 Sandy Miller Metrotown Leadership Institute.

HOW MUCH DOES IT COST?

The delegate's financial responsibility for the four days is a \$100.00 Registration Fee. Lunch and snacks will be provided on all four days with dinner provided on Thursday. Insurance, educational and resource materials, and use of site facilities are covered through the generosity of our sponsors. Delegates are encouraged to contribute or find support for as much of the leadership program's cost as possible.

Financial assistance is available based on need. No one will be prevented from attending because they cannot afford the registration fee. If participation depends upon receiving financial assistance, please check the financial assistance box on the application form. This information is necessary for processing and will be kept confidential.

For additional information, please contact OneJax at onejax@onex.org or 904-799-5370.

OneJax is a non-sectarian, nonprofit agency dedicated to increasing understanding and respect among people across all differences. Our human relations programs are carefully designed to support the development of responsible and caring citizens – people who are equipped to meet the challenges and seize the opportunities of our diverse and interdependent world.







STUDENT INFORMATION

First Name:	_ Last Name:		
Name I prefer to be called:	Date of Bir	th:	
]		
Age:Gender: Male Female	Transgender Email:		
Address:	City, State, Zip:		
Home Telephone:	Cell Phone:		
High School:	Rising Grade: 9th	10th 11 th 12th	
To ensure diversity at Sandy Miller Metrotown Leadership Institute, please provide the following information:			
Cultural/Racial Heritage:			
Religious/Faith Affliation:			
Do you have any physical or non-visible disabilities of which we should be aware?			
I have participated in a OneJax event before: Yes	No If yes, which eve	ent?:	
How did you hear about Sandy Miller Metrotown Leadership Institute?			









SPONSOR INFORMATION

A *Sponsor* is a guidance counselor, teacher, youth group leader, religious leader, or parent who knows you and can support your participation in this year's Sandy Miller Metrotown Leadership Experience.

Sponsor Name:	Telephone:
Organization:	Email:
Sponsor Signature:	_ Date: Relationship:
PARENT / GUARDIAN I CONSENT	INFORMATION &
First Name:	Last Name:
Address:	City, State, Zip:
Cell Phone:	_ Email:
I give permission for	to participate in the OneJax Sandy Miller
Metrotown Print or Type Name of Applic Institute.	cant
Print or Type Name of Parent or Guardian	Signature of Parent or Guardian









PATIVIENT INFURIVIATION Please make che	cks payable to UneJax and mail along with this form.
Please Note: No refunds will be issued after	for this Sandy Miller Metrotown Leadership session.
\$100 registration enclosed.	
Sponsor's contribution enclosed: \$	
I would like to be considered for financial a	assistance. Please send a financial assistance application form.
All sections should be comple	eted and returned as soon as possible, but not later than:
I hereby give my consent to participate and have any pro	rent or Guardians and Delegates must sign below: ogram pictures/images taken to be used for publicity and other supportive y arising from the use of such pictures, recordings, or any other record made
Name of Delegate (Print)	Signature of Delegate
Name of Parent/Guardian (Print)	Signature of Parent/Guardian









Please briefy answer the following questions in two or three sentences. There are no wrong answers.	
Why do you want to participate in Sandy Miller Metrotown Leadership Institute?	
What are your biggest concerns about living in a world of very different people?	
Name someone in your life who has taught you about friendship. Why did you select this person? What	
did they teach you?	
List 3 things that are special about you.	
If you had all the money, time, and resources you needed to make a difference in our world, what would you do?	
When are you truly happiest?	









Participant: ____

ACKNOWLEDGMENT, INDEMNITY, WAIVER and RELEASE OF LIABILITY FOR PARTICIPATION in a UNIVERSITY OF NORTH FLORIDA EVENT FOR MINORS

(UNF SPONSORED EVENT/CAMP)

THIS AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Participant's Gender: _____ Age: _____ Grade: _____

Parent/Guardian:			_
Telephone: Home:	_ Work: C	ell:	_
Emergency contact if parent or guardian is un	available:	Telephone:	_
l, as parent or guardian of the above-referenc	eed individual, intend for him/her to	participate in the event called	Ė
Sandy Miller Metrotown Leadership Institute	("Activity"), which is sponsore	d by <u>OneJax</u>	_
("Sponsor/Organizer/Operator"), scheduled to	take place on or about	, and locate	d at:
l acknowledge that I must thoroughly read an Waiver and Release of Liability ("Release") p from my minor child participating in this Activi	pertaining to the Activity and the p		
I acknowledge and agree that during the Activity and further acknowledge child must respect the property of the University		onsible for my child's behavio	or and that my
2. I acknowledge and agree that and policies, including those concerning all the event that I have any questions regard it is my responsibility to make any necessacknowledge and agree that my child must participation in the Activity by its Sponsor/O	ing the applicability of the Univers essary inquiries to the Activity S st observe and comply with the s	uct. I further acknowledge and ity's regulations and policies Sponsor/Organizer/Operator.	d agree that in to the Activity, Additionally, I developed for
3. I acknowledge and agree that Organizer/Operator regarding my child's abut to executing this Release, I have been proving child resulting from his/her participating in the Activity have been answered to my voluntary decision for my child to participate	vided the opportunity to inquire and in the Activity. Any questions I has satisfaction, and I have received s	fely participate in the Activity d discuss the possible risks a ad regarding my child's ability	and that, prior and hazards to to participate a sound and









4. Please pay particular attention to paragraphs 5(a) through 5(c) regarding your risk liability:

- (a) In exchange for the Activity Sponsor/Organizer/Operator making arrangements for, permitting my child to and assisting him/her in participating in the Activity, I hereby assume all risks of my child's participation in the Activity. Risks include, but are not limited to, transportation risks, risks of participation in the various components of the Activity, and all risks related to any physical or other condition from which my child might suffer. I acknowledge that the University and/or Activity Sponsor/Organizer/Operator does **not** provide personal accident/health insurance for my child, and I assume personal and financial responsibility for any medical care and treatment my child may require as the result of participating in the Activity.
- (b) I acknowledge and agree that sponsor/organizer/operator will not provide medical personnel at the location of the Activity. I further acknowledge and agree that the Activity Sponsor/Organizer/Operator is granted permission to authorize emergency medical treatment for my child, if necessary, and that such action by the Activity Sponsor/Organizer/Operator is subject to the terms of this Release.
- (c) In exchange for the University and the Activity Sponsor/Organizer/Operator allowing my child to participate in the Activity and having reviewed and agreed to all acknowledgments listed in paragraphs 1 through 5(b) of this Release as detailed above, I, on behalf of my child, family, heirs, beneficiaries, and personal representatives, agree to assume all the risks and responsibilities of my child participating in the Activity. I release and forever discharge and covenant not to sue the University of North Florida Board of Trustees, the Florida Board of Governors, and the State of Florida, their officers, agents, employees, and representatives, including the Activity Sponsor/Organizer/Operator ("Releasees") from and against any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees ("Claims") that I may have or that may hereafter accrue to me, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death or property loss that may be sustained by my child, whether caused by his/her action or negligence or the action or negligence of Releasees or third parties in connection with the Activity. I also agree not to sue Releasees in connection with any such harm, loss, damage, or injury. I agree to indemnify and hold Releasees harmless from and against all claims asserted against any of the Releasees by any entity based upon my child's participation in the Activity.

5. I acknowledge and agree that should any provision or aspect of this Release unenforceable, all remaining provisions of this Release will remain in full force and effect. Further agree that this Release shall be construed pursuant to the laws of the State of Florida and that the proceeding concerning this Release shall be in Jacksonville, Duval County, Florida.	, I acknowledge and
have read, understand, and acknowledge that through initialing each of the six (6) sections aborable release, that I must comply with the information and directions and intend to be bound by the tenderease and I have voluntarily executed the Release.	

Parent or Guardian's Signature	
Date	· · · · · · · · · · · · · · · · · · ·





