



Dear 2011 World Scholar-Athlete Games participant:

Congratulations on your acceptance to the 2011 World Scholar-Athlete Games, which includes the 2011 World Youth Peace Summit!

Excitement is building here at WSAG/WYPS Headquarters as we prepare for the events this summer. We are looking forward to meeting you and your fellow participants for nine days of great competition, collaboration, and cultural exchange.

The Institute for International Sport is proud to announce that the University of Hartford has been named the Host Institution for this summer's events. The University of Hartford, located in West Hartford, CT will serve as the central hub for all the summer's activities. Activities and housing will be shared with a number of neighboring schools to create an Olympic-village environment. Please feel free to review the following websites: [www.hartford.edu](http://www.hartford.edu) and [www.west-hartford.com](http://www.west-hartford.com).

Your Acceptance Packet includes the following items:

- ❖ **Participant Information Form**  
Includes: Travel Information/Itinerary, Religious/Dietary Restrictions, Activity Details
- ❖ **Medical Form**
- ❖ **Waiver Form**
- ❖ **Hometown Press Release Form**
- ❖ **Center for Social Entrepreneurship/Pathways to Peace**

Next, we will be posting the downloadable Pre-Arrival Packet to our website. Pre-Arrival Packet includes detailed information on the following: what to pack, announcement of all WSAG facility and housing sites, a sample daily schedule, information on area accommodations for visitors, our preferred hotels list, and more. We will send an email notification to all participants when this has been made available.

Please fill out and return your Acceptance Packet as soon as possible. Completed forms may be mailed to the address below or sent via fax (401.874.2429). If you have any questions regarding this information, please contact Caitlin Lauletti, Director of Operations at: [clauletti@internationalsport.com](mailto:clauletti@internationalsport.com).

I look forward to meeting you in June!

All the best,

Commissioner  
2011 World Scholar-Athlete Games

*The Feinstein Building, 3045 Kingstown Road, The University of Rhode Island, PO Box 1710, Kingston, RI 02881-1710 USA Phone (401) 874-2375 Fax: (401) 874-2429 E-Mail: [info@internationalsport.com](mailto:info@internationalsport.com) Website: [www.internationalsport.com](http://www.internationalsport.com)*  
**Daniel E. Doyle, Jr., Executive Director**

NAME: (OFFICIAL USE ONLY)

ACTIVITY:

THEME DAY:

HOST SITE:



WORLD YOUTH PEACE SUMMIT

### PARTICIPANT INFORMATION FORM

(Please Print)

*Please complete this form and return as soon as possible to:*

ADDRESS: 3045 Kingstown Road  
P.O. Box 1710  
Kingston, RI 02881 USA

PHONE: Caitlin Lauletti, Director of Operations 1.401.874.2110

FAX: 1.401.874.2429

EMAIL: [clauletti@internationalsport.com](mailto:clauletti@internationalsport.com)

WEBSITE: [www.internationalsport.com/wsag](http://www.internationalsport.com/wsag)

NAME \_\_\_\_\_ SEX: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

COUNTRY REPRESENTED \_\_\_\_\_

HOME PHONE NUMBER (include area code or country code) \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME	RELATIONSHIP	PHONE NUMBER (w/ appropriate codes)
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### LEGAL GUARDIAN INFORMATION (if under age 18)

Parent 1 \_\_\_\_\_

NAME	PHONE NUMBER (w/ appropriate codes)
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Parent 2 \_\_\_\_\_

NAME	PHONE NUMBER (w/ appropriate codes)
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### APPAREL

Please indicate your **SHIRT SIZE** (check one)

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Please indicate your **SHORT SIZE** (check one)

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_



WORLD YOUTH  
PEACE SUMMIT

## TRAVEL INFORMATION

**DEADLINE FOR SUBMISSION OF TRAVEL ITINERARY IS JUNE 1, 2011. IF WE DO NOT RECEIVE YOUR INFORMATION BY THIS DATE WE CANNOT GUARANTEE TRANSPORTATION TO THE HOST SITE.**

### **Arrival:**

Scholar-Athletes and Scholar-Artists are welcome to arrive as early as Saturday, June 25. **All participants must be fully checked in by no later than 3 PM on June 26.** The 2011 World Scholar-Athlete Games opening address will take place on June 26 at 7 PM.

*For all domestic and foreign participants the best option is Bradley International Airport (BDL) in Hartford, CT. The second best option is Logan Airport (BOS) in Boston, MA. **Bradley International Airport is the only airport from which complimentary shuttle service to and from the Games/Summit is available. There will be no exceptions.***

***Union Station in Hartford, CT is the only bus and train station from which complimentary shuttle service to and from the Games/Summit is available. There will be no exceptions.***

Lines of service that run to and from Union Station are: Amtrak, Bonanza, Greyhound, CT Transit, and Peter Pan.

*Whatever your mode of transportation, you must arrive at the University of Hartford by no later than **3:00 PM EST on June 26<sup>th</sup>**.*

### **Departure:**

All participants will depart by 12 PM EST on July 5, 2011. Transportation to Bradley International Airport (BDL) and Union Station in Hartford, CT will be provided. Breakfast will be the only meal provided on July 5. Participants are asked to check out of their dorms by 10:00 AM regardless of their departure time.

*Early checkout will be available on Monday, July 4, prior to Closing Ceremonies. Checking out at this time will allow you to depart at the conclusion of the Closing Ceremonies on July 4. Closing Ceremonies will conclude by 6:30 PM. An early checkout form will be available upon request prior to the Games or at check-in.*



**WORLD YOUTH  
PEACE SUMMIT**

## TRAVEL ITINERARY – ARRIVAL INFORMATION

     **I will be arriving at the Games/Summit by Airplane.**

*(Please attach or email a copy of your travel itinerary from airline if available.)*

**AIRPLANE to Bradley (BDL)** \*transportation will be provided to event site

To CT:

Departure Airport/City \_\_\_\_\_ Departure Time (Local) \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Arrival Date (mm/dd/yy) \_\_\_\_\_ Arrival Time \_\_\_\_\_ (AM / PM) EST

If you have connecting flights, please indicate the airline and flight numbers of each flight.

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

**AIRPLANE to airport other than Bradley (BDL)** \*participant is responsible for transportation to event site

To CT:

Departure Airport/City \_\_\_\_\_ Departure Time \_\_\_\_\_

Arrival Airport \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

Arrival Date (mm/dd/yy) \_\_\_\_\_ Arrival Time \_\_\_\_\_ (AM / PM) EST

If you have connecting flights, please indicate the airline and flight numbers of each flight.

Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

     **I will be arriving at the Games/Summit by Train/Bus.**

**TRAIN/BUS**

To CT:

Arrival Date (mm/dd/yy) \_\_\_\_\_ Arrival Time \_\_\_\_\_ (AM / PM) EST

Arrival Station/Terminal \_\_\_\_\_ Bus/Train Number \_\_\_\_\_

     **I will be arriving at the Games/Summit by Car.**

**CAR**

     I will be arriving by car on June 26.

(Name & relation of driver: \_\_\_\_\_)

Please note participants will not be permitted to bring their own vehicles to the Games.

**University of Hartford Location: 200 Bloomfield Avenue, West Hartford, CT 06117**



**WORLD YOUTH  
PEACE SUMMIT**

## TRAVEL ITINERARY – DEPARTURE INFORMATION

     **I will be departing from the Games/Summit by Airplane.**

*(Please attach or email a copy of your travel itinerary from airline if available.)*

### **AIRPLANE from Bradley International (BDL)**

Departure Date \_\_\_\_\_ Departure Time (Local) \_\_\_\_\_

Airline \_\_\_\_\_ Flight # \_\_\_\_\_

### **AIRPLANE from alternative airport \*participant is responsible for transportation to alternate airport**

Departure Airport \_\_\_\_\_ Departure Date: \_\_\_\_\_

Departure Time (Local): \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_

     **I will be departing from the Games/Summit by Train/Bus.**

### **TRAIN/BUS**

Departure Date (mm/dd/yy) \_\_\_\_\_ Departure Time \_\_\_\_\_ (AM / PM) EST

Departure Station/Terminal \_\_\_\_\_ Bus/Train Number \_\_\_\_\_

     **I will be departing from the Games/Summit by Car.**

### **CAR**

     I will be departing the Games on \_\_\_\_\_ (date)

(Name & relation of driver: \_\_\_\_\_)



**WORLD YOUTH  
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### **ACTIVITY INFORMATION**

*If your first choice is a Sport please fill out the following applicable information:*

1. Please restate your first choice of sport: \_\_\_\_\_

2. Please list your height/weight: H: \_\_\_\_\_ W: \_\_\_\_\_

3. Please list your preferred sport position or style of sport: \_\_\_\_\_

4. Are you bringing your own equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

5. If you have indicated yes, please list the equipment which you will be attending with:

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6. Are you a member of any sporting club/organization/school team, if so list below:

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7. Please list any current certification which you may hold:

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8. Any other important information regarding you and your sport please include here:

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*If your first choice is an Art please fill out the following applicable information:*

Please restate your first art choice: \_\_\_\_\_

<p><b>Choir:</b></p> <p>Vocal Training:  <input type="checkbox"/> School Chorus / Glee Club  <input type="checkbox"/> Church  <input type="checkbox"/> Private Lessons  <input type="checkbox"/> Other _____</p>	<p><b>Dance:</b></p> <p>Trained in (<i>check all that apply</i>):  <input type="checkbox"/> Ballet  <input type="checkbox"/> Hip Hop / Jazz  <input type="checkbox"/> Modern  <input type="checkbox"/> Tap  <input type="checkbox"/> Other _____</p>
<p><b>Digital Photography:</b></p> <p>Do you own a camera?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Do you own a lens?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Do you have knowledge of Adobe Creative Suite 5?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Do you have an existing portfolio?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><b>Symphony:</b></p> <p>Do you own your own instrument?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p>Please specify the instrument(s) you play:          _____          _____          _____</p>
<p><b>Theatre:</b></p> <p>Do you have experience in:</p> <p><input type="checkbox"/> Dancing  <input type="checkbox"/> Singing  <input type="checkbox"/> Movement  <input type="checkbox"/> Other _____</p>	<p><b>Writing:</b></p> <p>What type of writing are you interested in?</p> <p><input type="checkbox"/> Non-Fiction  <input type="checkbox"/> Poetry  <input type="checkbox"/> Prose/Short Story</p>
<p><b>Visual Arts:</b></p> <p>Preferred Medium:      Do you have an existing portfolio?  <input type="checkbox"/> Charcoal              <input type="checkbox"/> Yes  <input type="checkbox"/> Clay                      <input type="checkbox"/> No  <input type="checkbox"/> Paint  <input type="checkbox"/> Other</p>	



**WORLD YOUTH  
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### **ADDITIONAL PARTICIPANT INFORMATION**

#### **SPECIAL DIETARY NEEDS**

\*Must be provided below or we cannot guarantee we can accommodate your needs

Are you a vegetarian? Yes No      Are you a vegan? Yes No      Gluten Allergy? Yes No

Do you have any special dietary needs, including religious practice? Yes No

If yes, please describe below.

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#### **RELIGIOUS REQUIREMENTS**

What arrangements can we make to accommodate your religious practice, if any?

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#### **LINENS**

**INTERNATIONAL PARTICIPANTS: To keep packing to a minimum, bed linens will be provided for a fee of \$39. Please bring this to the Games – do not send the money prior!**

**US PARTICIPANTS: Please do your best to supply your own bed linens (XL Twin sheets or sleeping bag and pillow). Linens can also be rented for a fee. In order to rent linens, you *must* indicate below that you will require them.**

\_\_\_\_\_ Yes, I will need to rent linens                      \_\_\_\_\_ No, I will bring my own linens

#### **PARTICIPANT PHOTOS**

Please enclose two photographs (*wallet / passport size if possible – no larger than 4" x 6"*) of yourself or email them to: [clauletti@internationalsport.com](mailto:clauletti@internationalsport.com).

- Include name, state/country and activity on the back of each picture.
- The photos will be used for the following (and cannot be returned):
  - World Scholar-Athlete Games photo collage
  - Coach/Instructor file

## Annual Health History Form

This side is to be completed and signed for participation in programs.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Last First Initial

Home Address \_\_\_\_\_

Street & Number City State Zip Country

1st Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2nd Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_

Health Insurance Phone (w/ area or country code) \_\_\_\_\_

Please note that all participants must be covered under an insurance policy to participate in the Games and Summit. Please review insurance options for international participants. Some of these include: Travel Guard, Travelex, and Travel Insured.

### Health History:

\_\_\_\_\_ Frequent Ear Infections

\_\_\_\_\_ Heart Defect/Disease

\_\_\_\_\_ Convulsions

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Bleeding/Clotting

\_\_\_\_\_ Hypertension

\_\_\_\_\_ Mononucleosis

\_\_\_\_\_ Psychiatric Treatment

### Diseases

\_\_\_\_\_ Chicken Pox

\_\_\_\_\_ Measles

\_\_\_\_\_ German Measles

\_\_\_\_\_ Mumps

### Allergies

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Ivy Poisoning, etc.

\_\_\_\_\_ Insect Stings

\_\_\_\_\_ Penicillin

\_\_\_\_\_ Other Drugs

\_\_\_\_\_ Asthma

Other (Specify) \_\_\_\_\_

Has this participant been on any medication within the last six months? \_\_\_\_\_  
If yes, please explain.

Has this participant ever required any psychiatric counseling or hospitalization?  
Explain \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Current medications (*send with instructions & proper documentation*) \_\_\_\_\_

Does your child have permission to self administer medication? Yes \_\_\_ No \_\_\_

Name of dentist / orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate which, if any, of the following your child may be given at camp.

Acetaminophen \_\_\_\_\_ Ibuprophen \_\_\_\_\_ Sudaphene \_\_\_\_\_

Benedryl \_\_\_\_\_ Calamine \_\_\_\_\_ Bacitracin \_\_\_\_\_ Antacid \_\_\_\_\_

\_\_\_ Insect Repellent \_\_\_\_\_ Sunscreen \_\_\_\_\_ Throat Lozenges \_\_\_\_\_

### Important - The Box Below must be signed & dated for Attendance!

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed event activities except as noted. **Authorization for Treatment:** I hereby give permission to the acting representative of the World Scholar-Athlete Games and/or World Youth Peace Summit, or any physician and/or member of the medical staff of any hospital or emergency treatment center to render medical treatment, which in his/her judgment may be deemed necessary in the care of \_\_\_\_\_. I do hereby release, identify, and agree to hold harmless the agent and the Institute for International Sport from all costs and/or liability arising from medical treatment or transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian if under 18 years of age)

**Physical Examination Form: This side is to be completed by the physician OR attach an equivalent form (i.e. Youth Camp Health Exam) with a date examined between 6/1/09 and present.**

*Participant Name* \_\_\_\_\_ *Date of Birth* \_\_\_\_\_

**Immunization History**

Required immunizations must be determined locally. Please record the date (month and year) of basic immunization.

Immunizations	Yes	No	Date
Measles			
Mumps			
Rubella			
Chickenpox			
Tetanus			
Hepatitis B			
Diphtheria			
Pertussis			
Polio			

**Health Care Recommendations by Licensed Physician**

I have examined the above applicant within the past two years. Date Examined \_\_\_\_\_

In my opinion, the above's condition does not prevent his/her participation in an active program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s):

\_\_\_\_\_

Current treatment (include current medications):

\_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion or concussion:

\_\_\_\_\_

Does applicant have epilepsy? Yes No

Does applicant have diabetes? Yes No

**Recommendations and Restrictions While at Events**

Any treatment to be continued at events \_\_\_\_\_

Any medications to be administered at events (specific dosages) \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drug, plants, insects, etc.) \_\_\_\_\_

Additional Health Information \_\_\_\_\_

**Licensed Physician's Signature** \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Street & Number City State Zip Area/Number

Date of Form Completion \_\_\_\_\_ \*By \_\_\_\_\_

\* Initial if completed by nurse or physician's assistant

### Medication Administration Form Authorization for the Administration of Medicines by WSAG/WYPS Personnel

**Note: This form must be completed for each prescription and non-prescription medicine your child will bring to the World Scholar-Athlete Games and World Youth Peace Summit. Medicine that is brought without a corresponding authorization will not be accepted.**

The Connecticut State law and regulations require a physician or dentist's written order and parent or guardian's authorization for a nurse to administer medications or in his/her absence, the counselor to administer medications. Medications must be in pharmacy prepared containers and labeled with name of child, name of drug, strength, dosage, frequency, physician or dentist's name and date of original prescription.

**Physician or Dentist's Order** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Condition for which drug is being administered during event hours \_\_\_\_\_

Drug: name, dose and method of administration \_\_\_\_\_

Time of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
date date

Relevant side effects to be observed, if any \_\_\_\_\_

If there are side effects, plan for management \_\_\_\_\_

Is this a controlled drug? \_\_\_\_\_ If yes, DEA number \_\_\_\_\_

Physician/Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician or Dentist's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Authorization by Parent/Guardian** for the administration of the above medication by camp personnel.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby request that the above medication, ordered by the physician/dentist for my child \_\_\_\_\_, be administered by camp personnel. I understand that I must supply the WSAG and WYPS staff with the prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than 40 day said supply of said medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of camp.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Relation to child \_\_\_\_\_



**WORLD YOUTH  
PEACE SUMMIT**

## **2011 World Scholar-Athlete Games and World Youth Peace Summit Hometown Press Release Form**

Please complete the following if you would like a press release to be issued to your local paper.

Participant Name: \_\_\_\_\_

Sport/Art: \_\_\_\_\_

School Name: \_\_\_\_\_

School Mascot: \_\_\_\_\_

Notable achievement in your WSAG activity:

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

What about the Games are you most looking forward to?

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

Contact Information of local paper (list all that apply):

Local Paper: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_



WORLD YOUTH  
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## 2011 World Scholar-Athlete Games and World Youth Peace Summit Participant Waiver

**In order to participate in the 2011 World Scholar-Athlete Games and World Youth Peace Summit, all participants must read and sign this waiver.**

**The World Scholar-Athlete Games and World Youth Peace Summit must receive a copy of this waiver prior to registration or at registration on June 26, 2011. If you do not submit a waiver form, you will be unable to participate in the 2011 World Scholar-Athlete Games and World Youth Peace Summit.**

In consideration of being allowed to participate in any way in the World Scholar-Athlete Games and World Youth Peace Summit, related events and all activities, I, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve the risk of serious injury or death which might result not only from their own actions, inactions or negligence, but the actions, inactions of others, the rules of play, or the condition of the premises or of any equipment used.
2. Release, waive, discharge and covenant not to sue the Institute for International Sport, Scholar-Athlete Games or World Youth Peace Summit, its respective administrators, sponsors, coaches, participants, and, if applicable, owners, and lessors of premises to conduct the event from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, losses or damages on the account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.
3. Hereby consent to allow my picture, likeness or talents as well as any original work created during the World Scholar-Athlete Games and/or World Youth Peace Summit to appear in any publication, official documentary, television special or commercial and promotional activity of the Scholar-Athlete Games and/or World Youth Peace Summit in any manner incidental to or approved by the Scholar-Athlete Games and/or World Youth Peace Summit without compensation to me.

I, the undersigned, have read the above waiver and release and understand that I have given up substantial rights by signing it and sign it voluntarily.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian's name:** \_\_\_\_\_ **Relationship to the applicant:** \_\_\_\_\_  
(please print)

**Parent or Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian's e-mail:** \_\_\_\_\_



**WORLD YOUTH  
PEACE SUMMIT**

## **ACCEPTANCE PACKET CHECKLIST**

*Please use this as a guide when completing the acceptance packet to ensure all parts are completed in full before returning.*

- \_\_\_\_\_ **PARTICIPANT INFORMATION FORM**
- \_\_\_\_\_ **TRAVEL ITINERARY – ARRIVAL INFORMATION**
- \_\_\_\_\_ **TRAVEL ITINERARY – DEPARTURE INFORMATION**
- \_\_\_\_\_ **ACTIVITY INFORMATION**
- \_\_\_\_\_ **ADDITIONAL PARTICIPANT INFORMATION**
- \_\_\_\_\_ **MEDICAL FORM**
- \_\_\_\_\_ **HOMETOWN PRESS RELEASE FORM**
- \_\_\_\_\_ **PARTICIPANT WAIVER FORM**

ADDRESS: 3045 Kingstown Road  
P.O. Box 1710  
Kingston, RI 02881 USA

PHONE: Caitlin Lauletta, Director of Operations 1.401.874.2110

FAX: 1.401.874.2429

EMAIL: [clauletta@internationalsport.com](mailto:clauletta@internationalsport.com)

WEBSITE: [www.internationalsport.com/wsag](http://www.internationalsport.com/wsag)



## WORLD YOUTH PEACE SUMMIT

### **Creating Your *Pathways to Peace* Initiative**

The World Scholar-Athlete Games and World Youth Peace Summit events are designed to empower attendees with the knowledge and skills to implement peace plans in their home towns and home countries. A key objective of the 2011 World Youth Peace Summit will be the creation of thousands of Pathways to Peace projects. Each Games participant will be encouraged to prepare a *Pathways to Peace* proposal, a social action/social entrepreneurship project, that will be refined at the Summit.

Project implementation may connect to existing service projects or new efforts. Some Pathways to Peace initiatives will focus on large-scale issues such as poverty, nuclear proliferation and the environment. Other Pathways to Peace initiatives will be community-based programs involving some project that fosters peace, such as juvenile justice, conflict resolution, youth sports programs, mentoring and civil rights.

### **Center for Social Entrepreneurship**

An important outcome of the 2011 World Youth Peace Summit (WYPS) will be the Center for Social Entrepreneurship (CSE), a permanent center whose four primary goals will be:

- to assist 2011 WYPS participants implement their Pathways to Peace initiatives;
- to plan the 2016 WYPS and subsequent Summits which will be held at five-year intervals;
- to conduct empirical research with regard to the efficacy of Pathways to Peace initiatives; and
- to award grants to exceptional Pathways to Peace initiatives.

The CSE will support the implementation of the thousands of *Pathways to Peace* initiatives that result from the Summit. The CSE will provide administrative direction, information, and opportunities to network with other organizations and people who might be helpful in advancing their efforts. Data will be collected using a variety of survey instruments. Comprehensive analysis of this information will provide powerful direction to future World Youth Peace Summits with regard to enhancing and improving their events and curriculum.

The Center for Social Entrepreneurship will become an international center of world peace, providing financial support to innumerable worthy projects. By hosting peace conferences, lectures, and other gatherings, as well as by reaching out to organizations that have connections beyond the state and nation boundaries, the CSE will attract visitors to New England from around the world, thereby associating New England with being a catalyst for world peace. By using an array of vehicles ranging from seminars and on-site visits to electronic newsletters, Facebook, Twitter and YouTube, the CSE will maintain its relationships with participants.