



**LULAC National Youth Pre- conference & Convention**  
**EMPOWERING THE NEXT GENERATION**  
**Youth Registration Packet**  
**TWU Denton, TX**  
**June 11 - June 13, 2024**

**Complete Registration Packet Includes:**

- ☐ Youth Registration
- ☐ Parent Information
- ☐ Parent Consent Form
- ☐ Medical Consent and Health History
- ☐ Travel Arrangements Form
- ☐ Payment

**Submit Completed Registration Package:**

Ms. Ana Coca  
National Vice President for Youth  
ACoca@LULAC.org

**Send Payment (Checks) and a copy of your registration form to:**

Ms. Lisa Smith  
LEAGUE OF UNITED LATIN AMERICAN CITIZENS  
1776 I St NW, Suite 400  
Washington, DC 20006

**Priority Deadline: June 1, 2024**

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## 2024 LULAC National Youth Convention & Exposition

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### 95<sup>TH</sup> ANNUAL LULAC NATIONAL CONVENTION & EXPOSITION

June 11— June 13, 2024  
Texas Woman's University,  
Denton, TX

#### AMERICA'S LATINO COMMUNITY TAKES CENTER STAGE

The League of United Latin American Citizens invites you to participate in the Youth National Convention.

#### Convention Rules

While we treat every participant with respect, certain rules must be followed. Please review and respect the rules below in order to ensure participant safety, maintain the integrity of the program, and preserve our ability to provide the LULAC Youth Convention for future generations of Hispanic youth.

##### At All Times

- Be respectful of your fellow participants.
- Take care of yourself (*rest and eat well*).
- Be aware of how you portray yourself (*dress appropriately, respond respectfully, and be prepared for all events*).
- Follow the directions of the Chaperones at all times.
- Absolutely NO smoking, drinking or drug use is allowed.

##### During Sessions and Special Events

- All electronic devices must be turned off (*cell phone, iPod, games, etc.*).
- Provide speakers with your full attention and respect (*listen, take notes, ask questions*).
- Limit side conversations (*you will have time to chat later with chaperones, speakers and other participants*).
- Dress professionally (*see dress code suggestions below*).

##### At the Hotel in Texas Woman's

- NEVER leave the hotel without a Chaperone (*no beach, pool, restaurants, meetings, etc.*).
- Absolutely NO boys in girls' rooms: No girls in boys' rooms.
- Lights will be turned out at the designated time.

##### At the Convention:

- Must abide by the Youth Agenda and attend all scheduled workshops/ luncheons.
- You may only "explore" the exhibit area during scheduled times.

##### Consequences

You will be given one opportunity to correct your behavior if you are caught breaking the rules. After your first warning, your parents or Council Sponsor will be notified. Should your behavior remain unacceptable, you will be sent back home at your parent's expense.

### Participating in the Convention

**Dress Code Suggestions:** You are expected to dress in a casual, business-like fashion. **Do not over-pack.** Remember that you will be walking a lot and will have your picture taken each day. With this in mind, we suggest the following:

- **Young Men:** One or two suits OR a sports jacket with two or three matching or coordinating dressy pants. Three or four shirts with matching ties. Sweater vests are suitable. Comfortable dress shoes to match. Bring casual attire (two or three T-shirts, shorts or jeans) and proper tennis shoes for outdoor activities, field trips and daily academic sessions. None of your casual attire should be ripped, frayed, or have obscene words/graphics or profanity.
- **Young Women:** Three or four dresses and/or dress suits (either with skirts or dressy pants). Bring one dressy outfit for the final presentation. It should be dressy and professional, not formal attire. Remember to bring comfortable shoes (dressy flats or small heels) for day activities, which will involve a lot of walking. Make sure to bring plenty of casual attire and proper tennis shoes for outdoor activities, field trips, and daily academic sessions. Casual attire includes T-shirts, shorts, and jeans. Keep in mind that skirts and shorts should not be more than 4 inches above your knee, AND blouses/shirts should not be revealing.

The temperature in Denton at this time of the year is approximately a High/Low (° F) of 90°/75°.

**Cameras:** Most places you will visit will allow you to take pictures.

**Valuables:** When traveling, it is often advised to leave your valuables at home. Sometimes, these items are forgotten or lost and can never be replaced. Be careful when deciding which items to bring.

What you **SHOULD** Bring:

- Camera
- Toiletry items
- Hat
- Sunscreen
- Sunglasses
- Clothes that can get dirty
- Water bottle
- Walking shoes
- Writing utensils
- At least one set of professional attire
- Formal dress

→ Prescription Medication- Must be physician-prescribed. It must include a parental letter stating the time and frequency of the intake, food or drink needs (it must be taken with food, 8 oz. of liquid, etc.), and **ALL** possible side effects.

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## 2024 LULAC National Youth Convention & Exposition

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### INFORMATION

#### CONVENTION LOCATION

Texas Women's University in Denton

#### HOTEL GROUP RATE DISCOUNT

Hampton Inn and Suites - Denton  
1513 Centre Place Drive  
Denton, TX 76205

[Hampton Inn Reservations link](#)

Ask for LULAC National Youth Convention  
Special rate.

### TENTATIVE AGENDA

#### \*\*\*Official Youth Convention\*\*\*

##### Tuesday, June 11

12 to 5 pm	LULAC National Convention Youth Registration
10 am to 11 am	Ribbon Cutting Ceremony and Exposition Opening
12 noon to 5pm	Exhibitors/Recruitment Tables Visit
11:30 to 12:30 pm	Lunch Key Note: Lilian Prado Carrillo
1:15-3:30 pm	Leadership Training HS Advisors 101 (Renato, Mary C, Tatum, Gracie)
1:15 to 2:15	From High School to Harvard: Ariadne Pacheco
2:30 -3:30	Featured Speaker: Dorothy Martinez Denton board member (TWU alumni)
3:30 to 5:30 PM	Our Daily Community Service, Animal Shelter, Denton Public Library
5:30-6:30 PM	Dinner
7:00-8:00	Volleyball /Soccer Meet and Greet Session
8:30-9:30	Denton Celebration - Visit the Denton square

##### Wednesday, June 12

7 to 12	Registration
8:00-5:00 PM	Exhibitors/Recruitment Tables Visit
7:30-8:30 AM	Breakfast
9:15- 10:15	Key Note: Dr. Patsy Sanchez
10:15-11:15	Features Speaker: Rep. Victoria Neave
11:30-12:30	Lunch Speaker: Rafaela Schwann
1:30-3:00	LULAC Music Program: Euler Torres
3:15- 4:30	LULAC Youth to Young Adult Transition Aric Herrera
5:30 pm to 6:30	Dinner Youth Awards Banquet (The Gardens TWU)
7:00-10:00	Visit: Latino Cultural Center and Klyde Warren Park

##### Thursday, June 13

7:30-8:30 am	Breakfast
9 am to 2 pm	College Tour Texas Women's U and UNT Denton
11:30-12:30 PM	Lunch speaker: Mexico-Texas Relationship Eveyln Vera Barreto, SRE
1 PM	Exposition, Job Fair, and College Fair Closes
1 to 4 PM	Elections Have Consequences: Jasmin Flores, Laura Varela, Ramiro Luna MTTP Marching to the Polls, Hannah Kessler. (Auditorium)
4pm to 6 pm	Departure

## Youth Registration

Pre-registration forms will be accepted up until June 1, 2024.

Print or type the requested information below as you would like it to appear on your name badge:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Name of High School \_\_\_\_\_ Council # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_

T Shirt Size: Gender:  Male  Female  Other Shirt Size:  Small  Medium  Large  X-Large  2X-Large

Check the appropriate box (es). Voting members should check delegate, alternate, or their office.

<u>Youth*</u>	<u>LULAC Officer*</u>	<u>Council Officer*</u>	<u>Adult Chaperon*</u>
<input type="checkbox"/> Member	<input type="checkbox"/> Member	Position: _____	<input type="checkbox"/> Member
<input type="checkbox"/> Delegate	<input type="checkbox"/> Delegate		<input type="checkbox"/> Delegate
<input type="checkbox"/> Alternate	<input type="checkbox"/> Alternate		<input type="checkbox"/> Alternate

### Registration Packages

General Registration: \$100

**Cancellation/Refund Policy:** Cancellations will be accepted in writing through June 15, 2024.

Total \_\_\_\_\_ Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 MasterCard  Visa  American Express Signature \_\_\_\_\_

Payment can be made by cash, check or major credit card. For pre-registration, mail the completed registration form along with a check payable to the **2024 Youth LULAC National Convention** or credit card information to the address on the right. Credit card orders are accepted by fax. There is a \$25.00 handling fee for all returned checks. *Federal agencies use DUNS #789553372 "LULAC Institute, Inc." DBA LULAC National Convention*

LULAC National Office  
1776 I St. NW Suite 400  
Washington, DC 20006  
(202) 833-6130, FAX (202) 833-6135  
Email: \_\_\_\_\_

## Parent Information

Please print or type. Do not leave any blanks; enter 0 (zero) or N/A if not applicable.

### Parent 1

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

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### Parent 2

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip Code
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Home Phone	Cell Phone	E-mail Address
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Occupation: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

### Legal Guardian(s)

Please indicate relationship to the student \_\_\_\_\_

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip Code
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Home Phone	Cell Phone	E-mail Address
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Occupation: \_\_\_\_\_

Employer Name \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY CONTACT:

Last Name	First Name	Middle Initial
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Home Phone	Cell Phone	E-mail Address
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**Parental Consent**

I hereby give permission for my son/daughter to attend the LULAC National Youth Convention at Texas Woman's University Denton, TX. I understand room and board will be provided at an on-campus dormitory only and educational mentors/tutors will serve as chaperones 24 hours per day in the campus dormitories and all daily activities. During the Convention timeframe (Tuesday-Thursday), youth are to reserve rooms. My son/daughter will be required to comply with the LULAC Convention and hotel rules and regulations, as well as all Federal, State, and Local laws and regulations.

I understand that the LULAC Youth Chaperones will provide security and will supervise all planned activities of my child. However, all participants must be in compliance with and abide by all rules, regulations, and policies established by the LULAC Convention. The LULAC Convention Staff and Chaperones will not be responsible for any accidents, injuries, or other misfortune which may occur as a result of a participant's violation of these rules, regulations, or policies.

If my child decides to leave the convention voluntarily before the advertised end date, the LULAC Convention Staff will release my child only into the custody of the parent/legal guardian and will not be responsible for my child after he/she leaves the LULAC National Convention. All emergency leave expenses will be at the expense of my child and/or parent and/or agency. The LULAC Convention Staff reserves the right to disenroll my child at any time due to a violation of any rule, regulation or policy established by the Hotel or LULAC National Convention.

I understand and hereby acknowledge that certain risks are inherent to participation in recreational activities. These types of injuries may be minor or serious and may result from one's own actions, the actions or inaction of others, or a combination of both. I understand certain rules and regulations are designed for the safety and protection of participants and the LULAC National Convention Staff and I hereby undertake to abide by these rules and regulations. I understand that certain activities require a minimum level of fitness and health; that being physical, mental, and emotional, and that each person has a different capacity for participating in these activities. The LULAC shall not be liable for any injury to my person or loss to my personal property arising from or in any way resulting from my voluntary participation in these activities. I declare having read and fully understand this parental permission form and informed consent agreement in its entirety and hereby consent to participation acknowledging all foregoing. I also declare that all information provided in this application packet is true and accurate.

I give permission to the LULAC National Staff to use any slides, photographs, images, video, and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

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Print Participant's Name	Participants Signature	Date
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Print Parent/Legal Guardian's Name	Parent/Legal Guardian's Signature	Date
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## Medical Consent and Health History

A medical provider will need this form before treating a minor's illness or injury. It should accompany the student when seeking medical treatment.

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

If the student has any condition that may require special treatment, it is imperative that a medical provider is alerted. Please indicate below any ongoing medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.). Use the reverse side if necessary.

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

Has the student had any major illness during the past year? \_\_\_\_\_ If so, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Are contacts or glasses worn? \_\_\_\_\_

Does the student take any prescribed or over-the-counter medications? \_\_\_\_\_ If so, what are they?  
\_\_\_\_\_

Allergies to medications, food, etc.:  
\_\_\_\_\_

Primary care physician's name: \_\_\_\_\_

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

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

PARENT OR GUARDIAN: I hereby certify that, to the best of my knowledge, the above medical statement is accurate. I give my consent to the medical personnel to provide whatever medical treatment they may deem necessary for the health and welfare of my son/daughter/ward. It is also understood that no major surgery will be performed on my son/daughter/ward without my further specific consent except in those cases of extreme urgency when the delay in obtaining consent may constitute a serious risk of life to my son/daughter/ward. I further realize that expenses for medical attention shall be my responsibility.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**LULAC Council Sponsorship Information (If applicable)**

**Sponsoring LULAC Councils:** LULAC Council wishing to sponsor a student to attend the LULAC National Conference must provide the information requested below.

***Sponsor***

LULAC Council #: \_\_\_\_\_ City/State: \_\_\_\_\_

Council Contact Person: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Will a representative from the sponsoring council attend the National LULAC Convention?  
(Yes or No) \_\_\_\_\_

Will they serve as the youth's chaperone? (Yes or No) \_\_\_\_\_

## **Travel Arrangements**

The sponsoring LULAC Council is responsible for providing or assisting the participant with proper travel accommodations. The final Deadline for the Travel Arrangements form is June 1, 2024.

Student Name: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

\*Will assist us to contact students upon their arrival in Denton

### **How will students travel to LULAC Youth Convention? (Please check one)**

Local Commuter (Lives in Close Proximity to Denton)

Bus

City of Origin: \_\_\_\_\_

Expected Date/Time of Arrival to Denton: \_\_\_\_\_

Airplane (Please provide travel information below)

Airline carrier: \_\_\_\_\_

#### **1<sup>st</sup> Leg of Flight**

Departure time: \_\_\_\_\_ Departure City: \_\_\_\_\_ Flight #: \_\_\_\_\_

#### **2<sup>nd</sup> Leg of Flight**

Departure time: \_\_\_\_\_ Departure City: \_\_\_\_\_ Flight #: \_\_\_\_\_

Arrival time in Denton, TX: \_\_\_\_\_

Airline carrier: \_\_\_\_\_

Departure time: \_\_\_\_\_ Departure City: Denton, TX Flight #: \_\_\_\_\_



## Minor on Campus Liability Waiver

I give permission for my child to participate at facilities owned and/or operated by TWU in the following

activity/program/camp/internship: \_\_\_\_\_.

I acknowledge and accept that the activity/program/camp/internship may expose my child to hazards and risks, including injury or death, and that TWU cannot control these risks.

I acknowledge there may be physically strenuous activities and certify that my child is fit and capable of such participation.

I understand that TWU is not responsible for any medical expenses associated with any personal injury my child may sustain and understand that TWU does not provide medical insurance for me or my child.

I certify that my child is covered by adequate insurance to cover any personal injury which s/he may sustain while participating in this activity/program/camp/internship.

In consideration of TWU providing the opportunity for my child to participate in this activity/program/camp/internship, I release TWU, its Board of Regents, officers, employees, and representatives from any and all liability to me and my child, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to my child, including death arising out of, during or in any way connected with this activity/program/camp/internship.

I agree to indemnify and hold harmless, waive and covenant not to sue TWU, its Board of Trustees, officers, employees, and representatives from liability for the injury or death of any person(s) or damage to property that may result from my child's negligent or intentional act or omission while participating in the activity/program/camp/internship.

I hereby authorize the staff of this activity/program/camp/internship to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for TWU to administer general first aid for any minor injuries or illnesses experienced by my child. If my child is in need of emergency medical care and TWU is not able to reach me or the emergency contact, I authorize TWU to sign all necessary papers and arrange for emergency treatment and hospital care.

Printed Name of Minor Participant: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Home: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact (if different than parent or guardian): \_\_\_\_\_

Home: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Texas Woman's University  
304 Administration Dr., Denton, Texas 76201  
twu.edu