



**YOUTH
LEADERSHIP
FOUNDATION, INCORPORATED**



**ADULT
APPLICATION FORM**

Circle Conference You Wish To Attend

YOUTH LEADERSHIP CONFERENCE #1

Tallahassee, FL

5-8 MAY 2010

YOUTH LEADERSHIP CONFERENCE #2

Florida Tech, Melbourne, FL5

21-24 JULY, 2010

PRINT OR TYPE:

Full Name _____ Age _____ Circle One
Male Female

Home Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Social Security Number _____

Email Address/Addresses _____

AFFILIATION OR SCHOOL _____

Position _____

Address of Student's School _____

Name/Address of local news media: _____

Signature of Applicant: _____ Date _____

FOR FOUNDATION USE ONLY.

ACCEPTED BY:

DATE: _____

by: _____

**LTC Henry A. Adams
FOUNDATION DIRECTOR/PRESIDENT**

ADULT MEDICAL HISTORY

Name _____ Date of Birth _____ Age _____

IN CASE OF EMERGENCY, NOTIFY: (PLEASE PRINT)

Name _____ Relationship: _____

Address: _____

Phone (Home): (____) _____ (Office): (____) _____ (FAX): (____) _____

Physician _____ Phone Number _____

Check mark and explain please:

___ Allergy to any plant, food, or animal _____.

___ Allergy to any drug or insect toxin _____.

___ Any condition requiring regular medication or diet or special care _____.

SUBJECT TO:

_____ Asthma, _____ Convulsions, _____ Heart Trouble, _____ Diabetes _____ Bleeding Disorders _____

_____ Other, Explain _____

Date of last complete physical examination (month and year) _____

Has it ever been necessary to restrict your physical activities for medical reasons? Yes _____ No _____

If YES, please explain in full: _____

Are you aware of any current health problems? Yes _____ No _____ If YES, please explain in full: _____

Are you now under medical care or regularly taking medications? Yes _____ No _____ If YES, please explain: _____

Has there been any significant surgery, injury, illness or change in health status since your last physical examination?

Yes _____ No _____ If YES, please explain: