



**YOUTH  
LEADERSHIP  
FOUNDATION, INCORPORATED**



**STAFF  
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, FL  
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**



**MEDICAL HISTORY**

**FILL IN THE INFORMATION AS COMPLETELY AS POSSIBLE:**

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: \_\_\_\_\_

Immunization Dates: TETANUS \_\_\_\_\_ DIPHTHERIA \_\_\_\_\_ POLIO \_\_\_\_\_ MUMPS \_\_\_\_\_

MEASLES \_\_\_\_\_ RUBELLA \_\_\_\_\_ PERTUSSIS \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

**If subject to any of the following, check mark and explain in detail:**

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

**AUTHORIZATION AND RELEASE FORM**

I (we), the undersigned, being the natural parent(s) and/or the designated legal guardian(s) or custodian(s) of \_\_\_\_\_, a minor, aged \_\_\_\_\_ years, date of birth: \_\_\_\_\_ hereby authorize, connect and contract as follows:

a. Permission is expressly granted for said minor child to attend the Youth Leadership Conference (YLC) to be held at:

*(Circle your choice of conference)*

Conference #1 - Tallahassee, Florida, during the period 5-8 May 2010

or

Conference #2 – Florida Tech, Melbourne, Florida, during the period 21-24 July 2010

Herein after referred to as the conference site, inclusive, including the necessary travel time, under the joint sponsorship of the Military Order of the World Wars (MOWW) and/or its affiliates, hereinafter referred to as MOWW.

b. It is understood that said child was invited to attend the Conference after being selected from among other applicants in a contest conducted and sponsored by the MOWW, who will provide expenses incurred by the child’s attendance, including transportation, tuition, lodging, meals, tours, materials and all Conference activities.

c. In consideration of the payment of the aforementioned expenses, I (we) hereby release, and contact to hold harmless, the MOWW, and any other cosponsors of the YLC, from any and all liability and/or responsibility for the child’s welfare, well-being and control for the entire period of the Conference, including the day of arrival at, and the day of departure from the conference site.

d. By my (our) signature(s) hereto I (we) attest that I (we) fully understand that I (we) waive any and all rights whatsoever and AGREE NOT TO EXERCISE any right to make a claim or litigate against the Sponsoring Organization and/or the MOWW.

Witness my (our) signature (s) this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Phone:(Home)(\_\_\_\_) \_\_\_\_\_ (Work)(\_\_\_\_) \_\_\_\_\_ (FAX)(\_\_\_\_) \_\_\_\_\_

**ACCEPTED** (by Sponsor):

The Military Order of the World Wars, \_\_\_\_\_ Chapter

or

by \_\_\_\_\_

(Other Sponsoring Organization)

(Authenticating Signature)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone:(Home):(\_\_\_\_) \_\_\_\_\_ (Work):(\_\_\_\_) \_\_\_\_\_ (FAX):(\_\_\_\_) \_\_\_\_\_