



YOUTH LEADERSHIP FOUNDATION, INC.



STUDENT APPLICATION FORM 2012

Circle Conference You Wish To Attend

YOUTH LEADERSHIP:	CONFERENCE #1	CONFERENCE #2
	Tallahassee, FL	Florida Tech, Melbourne, FL
	9-12 MAY 2012	25-28 JULY 2012

PRINT OR TYPE:

Full Name _____ DOB _____ Circle One: Male Female

Home Address _____

City _____ State _____ ZIP _____

Home Phone () _____ **Social Security Number** _____

Mailing Address _____

Email Address/Addresses _____

Parent or Guardian _____

Name of Student's School _____

Grade Level (Next Year): Senior Junior (*Circle One*)

Student's organizational memberships:

Leadership positions held:

Sports/Activities:

Vocational/Technical Hobbies:

Size of T-shirt: S M L XL XXL (*Circle One*)

Signature of Applicant: _____ Date: _____



Approved by the National Association of Secondary School Principals

SCHOOL DATA:

Name of Applicant's School: _____

School Address: _____

City _____ State _____ ZIP _____

Telephone Number () _____ School Email Address: _____

SCHOOL RECOMMENDATIONS:

Name of School Official: _____ Title: _____

Student Data: Name: _____ GPA: _____ Class Rank: _____

Overall Evaluation: (Continue on additional sheets, if necessary)

SIGNATURE OF SCHOOL OFFICIAL _____ DATE _____

PRINTED NAME OF SCHOOL OFFICIAL _____

INSURANCE INFORMATION AND TREATMENT CONSENT FORM

Student's Name _____ Age _____

Address _____
=====

(PLEASE PRINT)

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Relationship: _____

Address: _____

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

Cell Phone: () _____

Family Physician _____ Phone Number _____

Health Insurance Company: _____ **Policy Number:** _____

Application must be complete with insurance information, policy number and doctor's name and phone number. Students must have health insurance.

I (we), the undersigned parents(s) {or guardian(s)} of the above named minor, do hereby authorize the Youth Leadership Foundation's Medical Officer, or his nominee, as agent for the undersigned to consent to any X-Ray, Examination, Anesthesia, Medical or Surgical Diagnosis or treatment and hospital care which is deemed advisable by, or which is to be rendered under the general or special supervision of any Physician or Surgeon licensed to practice in the State of Florida.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to care, which the aforementioned Physician, in the exercise of his best judgment may deem advisable. This authorization will be effective from the first through the last day of the Conference, unless sooner revoked in writing and delivered to said agent.

Date: _____ **Signature** of Parent/Guardian _____
Printed Name _____

Home Phone Number () _____

MEDICAL HISTORY

FILL IN THE FOLLOWING 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: _____

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 choice of Conference)
Conference #1-Tallahassee, Florida during period 9-12 May 2012
Or

Conference #2- Florida Institute of Technology, Melbourne, Florida during 25-28 July 2012

Hereafter in 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 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 when possible, 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 claim or litigate against the Sponsoring Organization and/or the MOWW.

PHOTO RELEASE (APPLIES TO MELBOURNE CONFERENCE ONLY)

PARTICIPANT hereby grants to Florida Institute of Technology the right to reproduce, use, exhibit, display, broadcast, distribute and create derivative works of university related photographs or video taped images for use in connection with the activities of the university or for promoting, publicizing or explaining the school or its activities. This grant includes, without limitation, the right to publish such images in the university's newspaper, alumni magazine, the university's Web site, and public relations/promotional materials, such as marketing and admissions publications, advertisements, fund-raising materials and any other university-related publication. These images may appear in any of the wide variety of formats and media now available to the school and that available in the future, including but not limited to print, broadcast, videotape, CD-ROM and electronic/online media. All photos taken are without compensation to PARTICIPANT. All electronic or non-electronic negatives, positives, and prints are owned by the university.

Witness **my (our) signature(s)** this _____ day of _____, 2012

(Signature) / (Printed Name) **Relationship** _____

Address: _____ Phone: Home () _____ Work () _____

ACCEPTED (by Sponsor): **MOWW CHAPTER USE ONLY**
The Military Order of the World Wars _____ Chapter
Or

(Other Sponsoring Organization) By _____
(Authorizing Signature)
Address: _____
Phone Home() _____ Work () _____ FAX () _____