



**YOUTH  
LEADERSHIP  
FOUNDATION, INCORPORATED**



**STUDENT  
APPLICATION FORM**

*Circle Conference You Wish To Attend*

YOUTH LEADERSHIP CONFERENCE #1

Tallahassee, Florida

5-8 May, 2010

YOUTH LEADERSHIP CONFERENCE #2

Florida Institute of Technology, Melbourne, Florida

21-24 July, 2010

PRINT OR TYPE

Full Name \_\_\_\_\_ Age \_\_\_\_\_

Circle One

Male Female

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address/ Addresses \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Name of Student's School \_\_\_\_\_

Address of School \_\_\_\_\_

School Zip \_\_\_\_\_ Circle One

Grade Level: Junior Sophomore

Student's Organizational Memberships: \_\_\_\_\_

\_\_\_\_\_

Leadership positions held: \_\_\_\_\_

\_\_\_\_\_

Sports/ Activities: \_\_\_\_\_

Curriculum Interests: College Circle One Business Vocational/ Technical

Hobbies: \_\_\_\_\_

Countries Traveled: \_\_\_\_\_

Size of Adult T-shirt: Small Medium Circle One Large X-Large XX-Large

Signature of student: \_\_\_\_\_ Date \_\_\_\_\_



Approved by the National Association of Secondary School Principals

**SCHOOL DATA:**

Name of Student's School: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone: \_\_\_\_\_ School Email Address: \_\_\_\_\_

**SCHOOL RECOMMENDATIONS:**

Name of School Official: \_\_\_\_\_ Title: \_\_\_\_\_

Student Data: Name: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Overall Evaluation: \_\_\_\_\_

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

Please rate the categories of skills on a scale of 1 (low) to 10 (high):

Participation:      Extra Curriculum: \_\_\_\_\_      Academic: \_\_\_\_\_      Social: \_\_\_\_\_  
Career Potential:      Vo Tech: \_\_\_\_\_ College: \_\_\_\_\_ Graduate: \_\_\_\_\_ Professional: \_\_\_\_\_  
Academic Standing:      Top 2% \_\_\_\_\_ Top 5% \_\_\_\_\_ Check One  
Top 10% \_\_\_\_\_ Top 25% \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF SCHOOL OFFICIAL

**STUDENT MEDICAL HISTORY  
AND  
TREATMENT CONSENT FORM**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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IN CASE OF EMERGENCY, NOTIFY: (Please Print)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

**Application must be completed with insurance information, policy number and Dr's name and Phone.  
Students must have health insurance or should pick up school insurance to cover conference.**

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**  
(This form must be signed by parent or guardian if student is under 18 years old)

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

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

Home Phone Number \_\_\_\_\_

**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: \_\_\_\_\_

**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 5-8 May 2010

Or

Conference #2-Florida Tech, 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 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**

STUDENT 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 universities 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 \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_, Relationship \_\_\_\_\_

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

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

**ACCEPTED (by Sponsor):**

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

Or

\_\_\_\_\_ by \_\_\_\_\_

(Other Sponsoring Organization) \_\_\_\_\_ (Authorizing Signature) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_