

# YLA Fall Conference Student Registration & Medical Release

(Register by Oct. 25, 2022)

Nov. 10 - 12, 2022 - Jackson's Mill - Weston, WV

Delegation (School/YLA) \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year of Grad \_\_\_\_\_

Preferred First Name \_\_\_\_\_ County \_\_\_\_\_

for nametag

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Would you like to receive text? Y \_\_\_ N \_\_\_ Email \_\_\_\_\_

Funding agencies require periodic report on the sex, ethnicity, and disability status of applicants. This data is for analysis and affirmation action only. **Submission of this information is voluntary.**

\_\_\_ American Indian/ Alaska Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ Hispanic or Latino

\_\_\_ White

\_\_\_ Native Hawaiian or other Pacific Islander

**My registration certifies that I have read, understand and will support the Code of Conduct.**

## **FINAL FEE (See Appendix - Calendar/Overview)**

**\$10 additional fee per person if using paper form and not Active!**

**Please circle one category:**

**PLEASE NOTE: Bed linens are provided; bath linens and soap are not.**

(A)\$165 Scholarship Rate earned because my entire affiliated delegation has met the postmark October 25 deadline.

(B)\$190 Scholarship Rate earned because my entire delegation has met the postmark October 25 deadline and fees but is unaffiliated with the Ohio - West Virginia YLA.

**LATE FEE** of \$25 per registration is to be paid with your Final Fee if you submit any of your registration materials or Final Fees

after October 25. Complete Advisor and Student Registration on the website at [www.ylaleads.org/programs/fallconference](http://www.ylaleads.org/programs/fallconference)

Send Final fees to : **Ohio - West Virginia YLA** 522 Sandhill Road, Pt. Pleasant, WV 25550

## **IMMUNIZATION & MEDICAL INFORMATION**

Tetanus Booster dT or Tdap \_\_\_\_\_ date Diphtheria, Tetanus, Pertussis Tdap, or Tdap \_\_\_\_\_ date

Is the participant up to date with all immunizations required for school \_\_\_ Yes \_\_\_ No

If No, please explain \_\_\_\_\_

COVID-19 Vaccine (not required) \_\_\_ Yes \_\_\_ No Date of First Vaccine \_\_\_\_\_ Date of Second Vaccine \_\_\_\_\_

Vegetarian Meal Request \_\_\_\_\_ Epi-Pen \_\_\_ Yes \_\_\_ No

Food Allergies \_\_\_\_\_

Other Allergies \_\_\_\_\_

Any condition we should be aware of \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Other Name and Number if you cannot be reached \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

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

Name of Policy Holder \_\_\_\_\_ Policy Holder's Date of Birth \_\_\_\_\_

## **PARENT & STUDENT AGREEMENT**

By submitting this form (manually or electronically), I support my son/daughter's application and participation in this program. I authorize the Ohio-West Virginia Youth Leadership Association to have and use photographs, slides, or videotapes of the person named on this application as may be needed for its records/ public relations programs. \_\_\_ YES \_\_\_ NO

I give permission to the medical personnel selected by the Director (or his designate) to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the person named above. \_\_\_ YES \_\_\_ NO

I have read and understand the Code of Conduct printed on back. By submitting the registration, I SUPPORT AND AGREE TO ABIDE BY THE CODE OF CONDUCT. \_\_\_ YES \_\_\_ NO

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

Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Phone Number \_\_\_\_\_

Cell \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_