

YLA Fall Conference Student Registration & Medical Release

(Register by Oct. 25, 2023)
Nov. 10 – 12, 2023 – 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.

\$10 additional fee per person if using paper form and not our website!

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 payments if you submit any of your registration materials or payments after October 25. Complete Advisor and Student Registration on the website at www.ylaleads.org/programs/fallconference

Send payments 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 _____