

ATTENTION: We will be staying at the Four Points Sheraton Hotel (600 Kanawha Blvd. East) for 2025. Breakfast will still be included both days along with the Legislative Dinner.

TO MEET OUR DEADLINES WITH THE HOTEL,
PLEASE BE MINDFUL OF THE DUE DATES:

County Registration is due <u>Nov. 30</u>
Individual Registration forms are due by <u>December 30</u>

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FOR YOUR CONVENIENCE -

The County Registration Form & the Housing Form are both now fillable on our website:

www.ylaleads.org/youth-governmentseminars/

# Correlation of West Virginia College-and Career-Readiness Standards with YLA 8<sup>th</sup> Grade Youth & Government Seminars Social Studies: Civics

| Standard Name  | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | YLA Program to Address Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Civics S.S.8.2 | Evaluate how citizens can influence and participate in government at the local, state and national levels and assume the role of an active citizen participating in the democratic process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul> <li>Meet with the Secretary of State office to discuss active citizenship</li> <li>Learn about citizen involvement in the judicial system from Supreme Court justices</li> <li>Visit with legislators at Banquet to learn more about citizen participation in government</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Civics S.S.8.3 | Identify, analyze and evaluate the responsibilities, privileges, and rights of citizens of the state of West Virginia found in the state and national constitutions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul> <li>Learn from the Secretary of State office about citizen rights and the election process</li> <li>Visit with legislators at Banquet to learn more about citizen responsibilities, rights, and privileges</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Civics S.S.8.4 | Differentiate between the division of powers and responsibilities for each of the executive, legislative, and judicial branches of the United States and West Virginia governments, describe the system of checks and balances, and explore local forms of government.  • Analyze the functions and jurisdictions of the federal, state, local, and special courts.  • Cite the elected officials at the national, state and local levels, the constitutional requirements for election and responsibilities of each office.  • Explain the amendment process of the West Virginia Constitution, give examples of amendments, and explain their purpose.  • Explain the process of how a bill becomes a law in West Virginia.  • Identify and explain the various types of elections in West Virginia.  • Compare and contrast the relationship and function of local, county, state, and national governments. | <ul> <li>Tour of the WV Capitol Complex including the executive, legislative, and judicial offices</li> <li>Visit State Offices</li> <li>Sit in Committee Meetings</li> <li>Sit in House or Senate Session</li> <li>Banquet with Legislators</li> <li>Meet with Justices at Supreme Court</li> <li>Night Court at County Magistrate Court</li> <li>Tour of the Governor's Mansion</li> <li>Mock Trial with Jackson Kelly attorneys at the U.S. District Court</li> <li>Meet with the Secretary of State office to learn about the election process and citizen involvement</li> <li>Visit Kanawha County Magistrate Court, State Supreme Court, and U.S. District Court, and compare and contrast their function in the judicial system</li> <li>Meet with officials from the executive, legislative, and judicial branches</li> </ul> |
| Civics SS.8.5  | Predict the outcome of selected proposed bills in a current legislative session and assume the role of a lawmaker in a mock legislature to pass a bill into law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul> <li>Mock Legislative Session with the WV Bar Foundation</li> <li>Sit in House and Senate Sessions and Committee Meetings to observe current legislation taking place</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

#### Educators attending the 2024 Youth & Government Seminars say it best:

**Wetzel County** – "YGS is an interactive and engaging experience that my students will never forget. No WV History class can compare with what YLA can offer. My students will leave as active, informed citizens. I recommend this for any 8<sup>th</sup> grader."

**Harrison County** – "A must-do transformational experience. The exposure and face to face interaction with our government leaders cannot be matched inside a classroom."

**Berkeley County** – "YGS is an optimal way for students to learn how government works first-hand. Students can see state government in action directly applying what they have heard about in the classroom to what happens in real life. Students forge connections with others from around the state and they are provided access to other YLA opportunities for their future."

**Putnam County** – "Students enjoy learning about state government when they can see it in action."

**Braxton County** – "This is an intensive, informative, and fun way to know more about how state government works. Our kids learned so much!"

**Raleigh County –** "Excellent opportunity to experience how government and court systems work. Our kids had never been to the Culture Center, and they loved it. Highly recommend."

**Marshall County –** "If you would like to offer your students a way to not only learn about their government but to experience it, send them to YLA's Youth and Government Seminars. The students are able to see the three branches in action and participate in them."

"If your county isn't participating you are missing a great learning experience. As a teacher, it is the highlight of my school year, and the kids always enjoy it."

**Grant County –** "This is a great opportunity to see various aspects of law and government in action. This experience makes government more real and relatable. It helps them to understand how it really does affect them."

"You have to go! This is a WV government experience you didn't know you needed for you and your students. Bring as many students as possible."

**Fayette County**: "This is unlike any learning experience in any classroom. It allows students to interact with other students from across the state, be informed about all branches of state government, and meet their lawmakers. It is an awesome experience."

"I highly recommend it to other schools who want to encourage and motivate their students to care about the future of our state."

## 8<sup>th</sup> GRADE YGS COUNTY REGISTRATION FORM



\*\*\*\*Due November 30, 2024\*\*\*\*
Now fillable online at: ylaleads.org/youth-government-seminars/

| Participating Schools Program Contact Position Address Email Home Phone                                                                                                        |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| AddressEmail                                                                                                                                                                   |         |
| Email                                                                                                                                                                          |         |
|                                                                                                                                                                                |         |
| Work Phone Home Phone                                                                                                                                                          |         |
|                                                                                                                                                                                |         |
| Cell Phone Fax                                                                                                                                                                 |         |
| Please provide the following so we can publish a news release after the event for your school.                                                                                 |         |
| Name of Local Paper Phone Number                                                                                                                                               |         |
| Editor's Name Email Address                                                                                                                                                    |         |
| If there are conflicts in your suggested week, please contact Alicia ( <u>alicia@ylaleads.org</u> ) ASAP to your county's scheduled week. Changes are subject to availability. | modify  |
| □ <b>Session #1 – February 19 – 21, 2025</b> Boone, Brooke, Hancock, Lincoln, Logan, McDowell, Wayne, Wetzel, Wood, Wyoming                                                    | Ohio,   |
| □ <b>Session #2 – March 3 – 5, 2025</b> Braxton, Clay, Fayette, Kanawha, Mercer, Monongalia Pleasants, Roane, Taylor, Tyler, Webster, Wirt                                     | a,      |
| □ <b>Session #3 – March 5 – 7, 2025</b> Cabell, Doddridge, Harrison, Jackson, Mason, Nichola Pendleton, Pocahontas, Putnam, Randolph, Sum Upshur                               |         |
| □ <b>Session #4 – March 10 – 12, 2025</b> Berkeley, Calhoun, Gilmer, Jefferson, Lewis, Marion, Preston, Ritchie, Tucker                                                        | Morgan, |
| □ <b>Session #5 - March 31 - April 2, 2025</b> Barbour, Grant, Greenbrier, Hampshire, Hardy, Mars Mineral, Mingo, Monroe, Raleigh                                              | shall,  |
| 2024-2025 Billing Worksheet                                                                                                                                                    |         |
| Financial Contact Person:                                                                                                                                                      |         |
| All Schools Invoiced to Board of Education:Y N                                                                                                                                 | N       |
| PO Number (if applicable):                                                                                                                                                     |         |
| Quantity Item Cost                                                                                                                                                             |         |

| Item                                                             | Cost                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Female Students Attending (@\$225 each)                          |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Female Student Room Buyout (@ \$90/slot) * see note on next page |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Male Students Attending (@\$225 each)                            |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Male Student Room Buyout (@ \$90/slot) * see note on next page   |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| REQUIREMENT – One Adult per Eight Students                       |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Female Chaperones – Double Room (@ \$225 each)                   |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Male Chaperones – Double Room (@ \$225 each)                     |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| Chaperones – Private Room (@ \$375 each)                         |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
|                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| GRAND TOTAL FOR INVOICE                                          | \$                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
|                                                                  | Female Students Attending (@\$225 each)  Female Student Room Buyout (@ \$90/slot)* see note on next page  Male Students Attending (@\$225 each)  Male Student Room Buyout (@ \$90/slot) * see note on next page  REQUIREMENT - One Adult per Eight Students  Female Chaperones - Double Room (@ \$225 each)  Male Chaperones - Double Room (@ \$225 each)  Chaperones - Private Room (@ \$375 each) |  |  |

\* NOTE ON ROOMING — Hotel rooms are offered at a discounted rate based on filling each room with 4 students or 2 adults. If your delegation does not recruit in multiples that fill each room, we will help you find others to fill the empty slots. If you choose not to share a room with another delegation, you may "buy out" each empty slot at a rate of \$90/student or chose the Private Room rate for an adult.

For example – you have 2 female students and choose not to have them share with another delegation. Simply buy out the remaining 2 slots (at \$90 each - \$180 total) to hold the space.

If you only have one adult attending with your delegation, please opt for a private room.

## TO PARTICIPATE

Return COUNTY REGISTRATION FORM by Nov. 30, 2024 and INDIVIDUAL REGISTRATION FORMS and PAYMENT by Dec. 30, 2024 to:

# Ohio-West Virginia Youth Leadership Association 8<sup>th</sup> Grade Youth and Government Seminars

522 Sandhill Road Point Pleasant, WV 25550 Phone: (304) 675-5899 Fax: (304) 675-5977

OR

Email: alicia@ylaleads.org



## **YOUTH & GOVERNMENT SEMINARS**

## **Program Profile**

#### Overview

The Youth & Government Seminars are an annual cooperative effort of the West Virginia Department of Education and the Ohio-West Virginia Youth Leadership Association (YLA). The program brings eighth grade students from all sections of the state to Charleston, WV for three days while the Legislature is in session.

#### **Program Description**

The Youth & Government Seminars provide an opportunity for eighth grade students throughout the state to learn more about state government by observing it and interacting with its leaders.

Each school may bring as many students as they wish, but registration is on a first-come, first-served basis.

One chaperone for each eight students is suggested.

Counties select their representatives according to locally developed criteria. The program begins on a Monday afternoon and operates through Wednesday mid-morning or from Wednesday afternoon through Friday mid-morning. Please check your dates carefully. During each session, participants observe the operation of various branches of state government, question its leaders, interact with media representatives and lobbyists, and generally gain an understanding of the function and operation of government by experiencing it.

The program begins with activities designed to sensitize students to the origins of and need for laws. This is followed by an opportunity to prepare for activities related to the legislative component of the program the next day. After examining the legislative branch, student study, in turn, the judicial and executive branches.

New for 2025 YGS seminars, participants will stay at the **4 Points Sheraton** overlooking the Kanawha River. Transportation to and from the various government offices, is provided by buses rented from the Kanawha County Board of Education.

Total fee per person for the program is \$225.00. Adults have option of a private room for \$375.00.

#### Rationale and General Objectives

The Youth & Government Seminars have as their primary purpose the growth of cognitive and affective functions associated with effective citizenship. This program seeks to increase the likelihood that participants will achieve the objectives specified in the grade eight American Civics/Government Content Standards and Objectives.

The Youth & Government Seminars are rooted in a belief that students learn best by doing and being actively involved. The three day seminars include carefully sequenced activities which provide students an opportunity to learn about the operation of government of the State of West Virginia. Students engage in role plays of a mock trial and a mock legislature, small and large group discussions, and a variety of other activities designed to ensure that each student participates. Students are encouraged to prepare for their trip to Charleston by collecting information about topics of current concern in the state. This information provides a basis for posing questions to the numerous governmental representatives students meet.

## **YOUTH & GOVERNMENT SEMINARS**

### Student and Teacher Selection Procedure

YLA does not require testing criteria for selecting students to attend YGS. As long as students meet the established local criteria, the ultimate responsibility to select students rests with the school. Some counties have a formal selection procedure instituted. For example, selection may be based upon completion of essays on a topic such as "The Value of Law in America." Likewise, a short test on West Virginia Government or juvenile law could be administered. Whatever procedure is used, all students are to have an equal opportunity to participate.

Counties also have the option of allowing students to pay their own way to attend. **There is no limit to the number of students any school may send**. **The program is open to ALL interested students**. Homeschool, private, and charter school students are also encouraged to attend.

### CRITERIA FOR STUDENT SELECTION

- 1. Is currently an 8<sup>th</sup> grade student.
- 2. Desires to learn more about state government, law-making, and law enforcement.
- 3. Will thoroughly prepare before coming to the seminar.
- 4. Will share seminar experiences with West Virginia Studies and American Government students in home school.
- 5. Is interested and willing to participate.
- 6. Shows evidence of good citizenship in the school and community.

"It has been our experience that a child who has an outstanding attitude and is eager to learn and participate, rather than be a child who "scores the highest" on a test, is the student who most benefits from our program; thus, teacher input should have high priority in student selection."

## **CRITERIA FOR TEACHER SELECTION**

- 1. Agrees to transport county representatives to Charleston, WV.
- 2. Agrees to chaperone county representatives at all times while in Charleston.
- 3. Agrees to participate in <u>all</u> seminar activities.
- 4. Will share information from seminar with other teachers in home county.
- 5. Will assist student representatives with presentations to home schools.
- 6. Is currently teaching West Virginia Studies and/or <u>is enthusiastic about working with our program and the children.</u>

## **WHAT TO WEAR**

Business Casual Comfortable Shoes Jeans are allowed for down time.



# 8th Grade Youth & Government Seminars (YGS)

are a direct cooperative effort of:

West Virginia Department Education

Ohio-West Virginia Youth Leadership Association (YLA)

West Virginia Schools

West Virginia State Treasurer's Office SMART 529 & Jumpstart Savings

Robert C. Byrd Federal & Kanawha County Municipal Courts

WV Supreme Court of Appeals

Executive and Legislative Branches of the State of West Virginia Government

Kanawha Co. Schools Transportation Department



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#### \_I AM A PARENT

#### \_I AM A TEACHER

## 8th GRADE YOUTH & GOVERNMENT SEMINARS

| Country                                                                                                                                                               |                                     | (Please com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                |                                      |                                       |                               |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|---------------------------------------|-------------------------------|-------------|
| County                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| School Address                                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pr             | one                                  | · · · · · · · · · · · · · · · · · · · |                               |             |
| Check Adult Size for Tee Shirt                                                                                                                                        | ☐ Small                             | ☐ Medium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | □Large         | ☐ X Large                            | ☐ Other                               |                               |             |
| Name:                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      | Sex:                                  | ☐ Male                        | ☐ Female    |
| Address:                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| City:                                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State:         |                                      | Zip:                                  |                               |             |
| Home Phone:                                                                                                                                                           | _ Cell:                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Email:_        |                                      |                                       |                               |             |
| <b>Affirmative Action Survey:</b> Funding data is for analysis and affirmation and                                                                                    | g agencies rection only. <b>S</b> u | quire periodic republic republic periodic republic republ | oort on the se | x, ethnicity, and<br>on is voluntary | disability sta                        | tus of the appli<br>at apply: | cants. This |
| ☐ American Indian/Alaska Native                                                                                                                                       |                                     | ☐ Asian                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | ☐ Black or                           | r African Ame                         | erican                        |             |
| ☐ Hispanic or Latino                                                                                                                                                  |                                     | □ White                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                | □ Native I                           | Hawaiian or (                         | Other Pacific Is              | lander      |
|                                                                                                                                                                       |                                     | MEDICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INFORMAT       | ION                                  |                                       |                               |             |
| Last Tetanus Shot:                                                                                                                                                    | _ ls                                | the student up t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | o date on all  | vaccines requi                       | red for school                        | ol: YES _                     | NO          |
| If no, please explain:                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Covid-19 Vaccine (not required to a                                                                                                                                   | attend):                            | YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No             |                                      |                                       |                               |             |
| If Yes, date of first vaccine:                                                                                                                                        |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Allergies/Illnesses:                                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Dietary Restrictions:                                                                                                                                                 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Physical Handicaps:                                                                                                                                                   |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Medication taken with any regularity                                                                                                                                  |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Parent or Legal Guardian:                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Work phone:                                                                                                                                                           |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Other Name and Number if you car                                                                                                                                      |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Family Physician:                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Address:                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Insurance Company: Name of Policy Holder:                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Policy Numi    | Policy L                             | Holder Date o                         | of Rirth:                     |             |
| Name of Folicy Holder.                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | •                                    | loluel Date C                         | л DII (II                     |             |
| I support my child's application and particle use photographs, slides, or video of the No                                                                             | rticipation in th                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | horize the Oh  | io-West Virginia                     |                                       |                               |             |
| I give permission to the medical persor<br>records necessary for insurance purpo<br>reached in an emergency, I hereby give<br>hospitalization, for the person named a | ses; and to pro<br>e permission t   | ovide or arrange i<br>o the physician se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | necessary rela | ited transportation                  | n for my child                        | . In the event I              | cannot be   |
| I have read and understand the Code of CODE OF CONDUCT Yes _                                                                                                          |                                     | nted on back. By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | submitting the | e registration, I S                  | UPPORT AND                            | O AGREE TO AI                 | 3IDE BY THE |
| Student Signature                                                                                                                                                     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | Date                                 |                                       |                               |             |
| Parent/Guardian Signature                                                                                                                                             |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |
| Printed Name of Parent/Guardian                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                      |                                       |                               |             |

#### CODE OF CONDUCT: YLA FAMILY OF PROGRAMS (Ohio-West Virginia Youth Leadership Association)

YLA, Fall Conference, Youth & Government Seminars, Youth in Government, Model United Nations, Horseshoe, Cave Lake

YLA programs work to build responsible life-long good citizens of character who work to build better homes, schools and communities for all.

Participation in all parts of a YLA program shall be maintained on an intellectual and productive level. A level of conduct is expected of all participants (youth, advisor and staff) that requires self-control, individual decision-making, responsibility and adherence to a dress code that is appropriate to each YLA program.

Responsible YLA conduct must be the concern of each participant for the responsibilities and rights of every individual and that of the group. Being responsible for one's own behavior at all times is a necessary part of self-government. It is essential that all students, advisors and staff act responsibly to ensure that their own conduct and attitude are beneficial not only to themselves and all other participants but also to ensure the continuation of the YLA program. By choosing to participate, it is expected that each individual has read, understands and agrees to follow the Code of Conduct while attending any conference sponsored by the YLA.

All participants share equally the responsibility for their actions when violations of the Code of Conduct are witnessed. Those who decide to be present when a violation occurs shall by their own choice, be considered a participant in the violation. In this program there are no "innocent bystanders."

Each person must recognize that their failure to carry out the Code of Conduct may lead to their own and perhaps their total delegation's dismissal from the program.

Each person & delegation is to support the purpose & procedures of the YLA program they are attending in both spirit, action & work for the success of the program for everyone.

In general, the behavior that is expected can be summarized in these four (4) points:

1) Treat others as one wants to be treated. 2) Do not do anything that hurts another person, place, thing. 3) Do not do anything that could potentially bring harm to another person, place, or thing. 4) Do not fail to do something that would help others, make the place we are using cleaner, safer and a better experience for all.

More specifically, this Code of Conduct has been developed to identify the type of personal behavior that is consistent with the purpose of YLA programs. The items in the Code are based upon performance and are designed to protect everyone involved including the welfare of these programs for future generations. Participation in a YLA program indicates personal acceptance of this Code of Conduct.

Individuals, delegations and Advisors are to carry out the Code. Where necessary, YLA Staff will assist and reserve the right (discretion) for the "final say" as these programs are YLA programs.

We, the participants, advisors and staff taking part in YLA programs are to uphold the following CODE OF CONDUCT.

- 1. Each participant shall conduct themselves in an orderly and responsible manner in transit to and from, and during all functions of YLA programs. Personal behavior reflects upon the quality of the program, one's delegation, the YLA, school and one's self. Participants are expected to conform to this Code of Conduct on the honor system. (Discretion of YLA Staff) and possibly (Lose position or privileges) and/or (Call parent-send home) and/or (Notify school officials).
- 2. Participation in all parts of a YLA program shall be maintained on an intellectual & productive level. (Discretion of YLA Staff) & possibly (Lose position or privileges).
- 3. Nametags shall be worn visibly on the front of the upper torso at all times at conferences when outside assigned lodging facility room. (Discretion of YLA Staff) and possibly (Lose position or privileges).
- 4. Each participant shall attend all scheduled program functions, activities, meetings, etc. (Discretion of YLA Staff) and possibly (Lose position or privileges) and/or (Call parents-send home) and/or (Notify school officials).
- 5. Harassment or intimidation by words, gestures, body language or any other menacing behavior will not be tolerated at any YLA function, activity, meeting and training session. (Discretion of YLA Staff) and possibly (Lose position or privileges) and/or (Call parents-send home) and/or (Notify school officials) and/or (Call security) or (Summon police).
- The use, possession or concealment of incense, candles, tobacco products, alcoholic beverages or non-prescription drugs are forbidden at any YLA program, function, activity, meeting, and training session. (Call parents-send home) and/or (Notify school officials) and possibly (Call security) and/or (Summon police).
- 7. The use, possession or concealment of any weapons are forbidden at any YLA conference or function. (Call parents-send home) and/or (Notify school officials) and possibly (Call security) and/or (Summon police).
- 8. The use, possession or concealment of electronic devices including but not limited to compact disc or tape players, video games, radios, TV's, cell phones, etc. shall not be permitted during official program functions. They are not permitted anytime at Y programs held at Horseshoe. (Discretion of YLA Staff) and possibly (Lose position or privileges) and/or (have the item(s) taken for the duration of the conference, camp or activity).
- 9. Each participant is legally and financially responsible for any removal, defacing or willful damage to public or private property. This includes the property of other participants, advisors and staff, organizations, businesses, lodging and conference facilities and the State. (Discretion of YLA Staff) (Call parents-send home) and/or (Notify school officials) and possibly (call security) and/or (Summon police).
- 10. Materials of lodging and conference facilities, State and state officials at Youth in Government, and any other facility in use by a YLA program shall not be removed or tampered with in any way. (Discretion of YLA Staff) and possibly (Call parents-send home) and/or (Notify school officials) and possibly (Call security).
- 11. No participant shall leave a program function unless the approval of their advisor AND YLA Staff is secured. The participant is to be picked up and returned by a parent or legal guardian. (Call parents-send home) and/or (Notify school officials).
- 12. Participants shall not leave the lodging facility except while in transit to or from an official program function or activity. Participants may not use or be transported in private vehicles during any program function without approval of a parent or legal guardian and adult Advisor and YLA Staff. (Discretion of YLA Staff) and possibly (Call parents-send home) and/or (Notify school officials).
- 13. Lodging facility room switches are not permitted without the approval of the delegation advisor and YLA Staff. (Discretion of YLA Staff) and possibly (Call parents-send home) and/or (Notify school officials).
- 14. There is NO coed visiting in lodging facility rooms, nor coed delegation meetings in lodging rooms. (Discretion of YLA Staff) and possibly (Call parents-send home) and/or (Notify school officials).
- 15. Participants shall observe quiet hours in consideration of those who choose to rest. Participants shall be in and remain in their assigned lodging facility room by the curfew listed for the program. Curfew will remain in effect until 7:00 a.m. the next morning. (Discretion of YLA Staff) and possibly (Lose position or privileges) or (Call parents-send home) and/or (Notify school officials).
- 16. Participants shall not invite or receive visitors. Visitors, alumni, etc. are not permitted in the lodging facility unless approved by the Advisor and YLA Staff. Visitors, alumni, etc. are not permitted in lodging facility guest sleeping rooms at any time. (Discretion of YLA Staff) and possibly (Lose position or privileges) or (Call parents-send home) and/or (Notify school officials).
- 17. Guests are restricted to lobbies and visitor areas unless approval is secured from YLA Staff. (Discretion of YLA Staff) and possibly (Call security) or (Summon police).
- 18. Participants, advisors and staff will dress appropriately for the program they are attending. Of particular concern is YG where appropriate dress for men are suits or dress pants-dress shirt tie and jacket. Appropriate dress for women is a business suit or business dress. YG is in the State Capitol where proper business dress is expected. See YG manual for complete description. For recreation at YG, casual dress is appropriate. (Discretion of YLA Staff).
- 19. Chewing gum, candy, food and beverages are not permitted in the Capitol, Supreme Court, and in certain areas of other programs. (Discretion of YLA Staff) and possibly (Lose position or privileges) or (Call parents-send home) and/or (Notify school officials).

#### **CANCELLATIONS AND REFUND POLICY**

**REFUND POLICY Deposit Fee (Participation Agreement)** – No refunds nor can this deposit be applied toward the final fee of another person or program. The deposit fee can be applied to a replacement. The deposit fee, part of the total program fee, is to guarantee space, to cause delegations to make realistic enrollments, and to protect the program from unrealistic enrollments that may not materialize.

Balance (Final Fees) - No refund, No exceptions. It can be applied to a replacement.

## 2025 8TH GRADE YOUTH & GOVERNMENT SEMINARS



#### NOW FILLABLE ONLINE AT: YLALEADS.ORG/YOUTH-GOVERNMENT-SEMINARS/

| Please pre-a  | ssign roon  |                 |                   |           |                 | ur Youth & Govern<br>s if needed. Fill 6 |           |          |
|---------------|-------------|-----------------|-------------------|-----------|-----------------|------------------------------------------|-----------|----------|
| starting on n | next one (d | or write "BUY O | UT" to indicate y | our desir | e to purchase t | he remaining slot<br>also wish to share  | s at \$90 |          |
| Student       | M           | Room #1         | Student           | M         | Room #2         | Student                                  | M         | Room #3  |
| Adult         | F           |                 | Adult             | F         |                 | Adult                                    | F         |          |
| 1.            |             | 1               | 1.                |           |                 | 1.                                       |           |          |
| 2.            |             |                 | 2.                |           |                 | 2.                                       |           |          |
| 3.            |             |                 | 3.                |           |                 | 3.                                       |           |          |
| 4.            |             |                 | 4.                |           |                 | 4.                                       |           |          |
|               |             |                 | <u> </u>          |           |                 |                                          |           |          |
| Student       | М           | Room #4         | Student           | М         | Room #5         | Student                                  | М         | Room #6  |
| Adult         | F           |                 | Adult             | F         |                 | Adult                                    | F         |          |
| 1.            |             | 1               | 1.                |           | <u> </u>        | 1.                                       |           | 1        |
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|               |             | <u>.</u>        |                   |           |                 |                                          |           |          |
| Student       | M           | Room #7         | Student           | M         | Room #8         | Student                                  | M         | Room #9  |
| Adult         | F           |                 | Adult             | F         |                 | Adult                                    | F         |          |
| 1.            |             | l-              | 1.                |           |                 | 1.                                       |           |          |
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|               |             |                 |                   |           |                 |                                          |           |          |
| Student       | М           | Room #10        | Student           | М         | Room #11        | Student                                  | М         | Room #12 |
| Adult         | F           |                 | Adult             | F         |                 | Adult                                    | F         |          |
| 1.            |             | l-              | 1.                |           |                 | 1.                                       |           |          |
| 2.            |             |                 | 2.                |           |                 | 2.                                       |           |          |
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| 4.            |             |                 | 4.                |           |                 | 4.                                       |           |          |
|               |             |                 |                   |           |                 |                                          |           |          |
| Student       | M           | Room #13        | Student           | M         | Room #14        | Student                                  | M         | Room #15 |
| Adult         | F           |                 | Adult             | F         |                 | Adult                                    | F         |          |
| 1.            |             | 1               | 1.                |           | 1               | 1.                                       |           |          |
| 2.            |             |                 | 2.                |           |                 | 2.                                       |           |          |
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| SPECIAL II    | NSTRUC      | TIONS:          |                   |           |                 |                                          |           | _        |