

# YLA Fall Conference Student Registration & Medical Release

(Register by Oct. 25, 2024)

Nov. 15 - 17, 2024 - Camp Horseshoe, Parsons, WV

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

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

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

for nametag

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

**Please check one category:**

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

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

**LATE FEE of \$25 per registration is to be paid with your payments if you submit any of your registration materials or payments after October 25.** Complete Advisor and Student Registration on the website at [www.ylaleads.org/programs/fallconference](http://www.ylaleads.org/programs/fallconference)  
**Send payments to : Ohio - West Virginia YLA 522 Sandhill Road, Pt. Pleasant, WV 25550**

## **IMMUNIZATION & MEDICAL INFORMATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **PARENT & STUDENT AGREEMENT**

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

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

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

Student Signature: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_