YLA Fall Conference Student Registration & Medical Release
(Register by Oct. 25)
Nov. 6 - 8, 2026 – Camp Horseshoe, Parsons, WV

Delegation (School/YLA)_____Age_____Birthdate _____ Sex: ___Male ___Female

Name_____Grade_____Year of Grad _____

County _____ Email _____

Address_____

City_____State_____Zip_____Phone_____Cell_____

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

Affirmative Action Survey: Funding agencies require periodic report on the sex, ethnicity, and disability status of applicants. This data is for analysis and affirmation action only. **Submission of this information is voluntary.** *Check all that apply:*

__ American Indian/Alaska Native __ Asian __ Black or African American
__ Hispanic or Latino __ White __ Native Hawaiian or Other Pacific Islander

YLA is an equal opportunity provider.

Please circle one category:

(A) $170 Scholarship Rate earned because my entire affiliated delegation has met the postmark October 25 deadline.

(B) $195 Scholarship Rate earned because my entire delegation has met the postmark October 25 deadline and fees but is unaffiliated with the Ohio – West Virginia YLA.

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

IMMUNIZATION & MEDICAL INFORMATION

Tetanus Booster dT or TdaP_____date Diptheria, Tetanus, Pertussis TdaP, or TdaP _____date
Is the participant up to date with all immunizations required for school_____Yes_____No

If no, please explain: _____
Vegetarian Meal Request_____Epi-Pen: ____ YES ____NO
Food Allergies _____
Other Allergies _____
Any condition we should be aware of _____
Parent or Legal Guardian _____
Home Phone_____Cell Phone_____Work Phone _____
Other Name and Number if you cannot be reached_____Phone _____
Family Physician_____Office Phone _____
Insurance Company_____Policy Number _____
Name of Policy Holder_____Policy Holder's Date of Birth _____

PARENT & STUDENT AGREEMENT

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

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

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

Student Signature: _____

Parents Name: _____

Parents Signature: _____ Date: _____

Parent's Phone: _____ Parent's Cell Phone: _____

Parent's Email: _____

If you cannot sign this document for religious reasons, please contact the Youth Leadership Association