

2012 YMCA Youth Governors Conference

Form A

One of the highlights of our time in Washington D.C. will be the tour of the White House. In order for you to be able to participate, you must include your full name (as it appears on your Social Security card) and your Social Security number below. Please complete the information legibly and return via US Mail. Please do not send electronic copies of this form. Failure to complete this form will disqualify you from participation.

First Name: _____ Last Name: _____

Social Security #: _____ - _____ - _____

Parent/Guardian Name: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Medical Insurance Company: _____ Policy #: _____

Medical Alerts: _____ Allergies: _____

Medications: _____

Special Considerations (inc. dietary needs): _____

I hereby grant permission for the above named student to participate in the National Conference of YMCA Youth Governors. In the event that my child is found in violation of the rules of this event, I understand that I will be responsible for the costs of transporting my child home from the location of the activities. Where it is determined to be necessary, I agree to make arrangements (approved by Conference Leadership) to have my child picked-up from the Conference location. I grant permission for media taken during events hosted by the National Conference of YMCA Youth Governors to be used in the archiving and promotion of the program. Permission is granted for YMCA advisors/Assembly staff/volunteers to administer first aid. In the event my child suffers any illness or accident requiring emergency treatment while involved in any YMCA activity, I hereby give my permission for any necessary hospitalization, medication or surgery on recommendation of medical personnel, in which case all such expenses shall be covered by my family health insurance. I also release the YMCA, its staff and volunteers of all liabilities arising out of these activities. In the event of illness or injury, I waive all claims against volunteers, staff, YMCA Operations Board of Directors or operators of the YMCA or its agents that may arise from participation in the activities of the YMCA.

I HAVE READ THE ABOVE STATEMENTS IN THEIR ENTIRETY AND AGREE TO COMPLY.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

YMCA Youth Governors Conference

CONFERENCE POLICIES AND BEHAVIOR GUIDELINES

The policies and guidelines listed below are based upon the desire to create a healthy, safe, and professional environment for the Youth Governors' Conference. Your signature and participation in this year's YGC indicates personal acceptance of these policies and guidelines.

As a Youth Governor, I understand that disregard of any part of these guidelines and policies shall have bearing on my status as a delegate at the Youth Governors Conference, may result in the relinquishment of the opportunities afforded me by my home Youth In/and Government program, and that I will be sent home at my own expense.

1. I am aware & understand that the intent of this conference is to provide participants with a training experience to prepare them for their state legislative session and is not solely an opportunity to see the sites of the nation's capital or opportunity to visit with non-participants/family/colleges.
2. I am committed to being a part of this insider's experience, and will take advantage of the up close and personal education in how governmental policies are made at the federal level, as well as gain insight into the concept of Servant Leadership.
3. I am aware & understand that conference leadership expects Youth Governors to make an enthusiastic commitment of full conference participation which including activities, discussion groups and workshops presented.
4. I am aware & understand that during the conference, Youth Governors will not be released to anyone other than their parents unless advanced arrangements have been made with the Conference Director, including a **notarized letter from parent/guardian**. Participants will not be permitted to miss scheduled activities.
5. I am aware & understand that the possession of alcohol, illegal drugs or firearms is grounds for the offender to be sent home immediately, at his/her parent's expense.
6. I am aware & understand that the Youth Governors Conference is a **smoke-free conference**. Smoking is prohibited at all times, and will not be permitted at any conference activity, including activities in the dorm.
7. I am aware & understand that all curfews as stated within the conference schedule are **NON-NEGOTIABLE**. Youth Governors are required to have adequate rest during their participation at the conference. For this reason, Youth Governors are **required** to be in their own dorm room by curfew and quiet by 12:00 a.m. (or at the posted time by the Conference Leadership Team). Governors may not leave their room after curfew.
8. I am committed to being alert with adequate sleep during each day of the Youth Governors Conference. Dozing off during speaker presentations or workshop sessions is **not acceptable** and may result in being removed from activities.
9. I am aware & understand that Youth Governors are responsible for their travel to the conference facility. Once checked in with the Conference, Youth Governors are not permitted to leave and are expected to adhere to the guidelines and policies of the conference as set by the Conference Leadership Team.
10. I am aware & understand that during the course of conference activities and events, Youth Governors are not permitted to wander from the main group for timeliness and safety.
11. I am aware & understand that Youth Governors are expected to arrive **early** for all scheduled activities.
12. I am aware & understand that Youth Governors are expected to model behavior of a young professional and demonstrate a supportive and positive attitude at all times.

I am aware and understand that the violation of any part of these policies shall have bearing on my status as a delegate of the Youth Governors Conference, and if determined appropriate by the Conference Leadership, my actions may result in being sent home at my own expense.

Delegate Name (Please print) _____

Delegate Signature _____ Date: _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: _____