



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**STUDENT AND ADULT REGISTRATION
FALL LEADERSHIP TRAINING**

(MUST ALSO REGISTER WITH REGY.CO)
Due November 1st.

Check One Student (\$125.00) Adult (\$125.00)

Please TYPE or PRINT LEGIBLY all the following information:

First Name _____ M.I. _____ Last Name _____

Address _____ County _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____

MEDICAL INFORMATION

Last Tetanus Shot _____ Allergies _____

Any Condition that we should be aware of _____

Parent or Legal Guardian _____

Work Phone _____ Home Phone _____

Other Name and Number if you cannot be reached _____

Family Physician _____ Office Phone _____

Address _____

Insurance Company _____ Policy Number _____

PARENT & STUDENT AGREEMENT

I support my son/daughter's application and participation in this program. I authorize the Ohio Alliance of YMCAs / Ohio YMCA Youth in Government 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. 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. I have read and understand the Code of Conduct. By submitting the registration, I SUPPORT AND AGREE TO ABIDE BY THE CODE OF CONDUCT.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Printed Name of Parent/Guardian _____

**Checks payable to Ohio Alliance of YMCA's Foundation (One check per delegation)
and bring with registration to the conference.**