



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Ohio YMCA Youth in Government Student and Adult Registration

Check One      Student    Adult

Check One      Legislative      Judicial      Officer      Lobbyist      Press      Page      Committee Chair/Vice

Please Type or Print

Name \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

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

Cell \_\_\_\_\_ Email \_\_\_\_\_

Years of YIG Participation:      0              1              2              3              4              5              6

Student    \$250.00    Adult Shared Room    \$200.00    Adult Private    \$340.00

Fee is set below the actual cost of Ohio YMCA YIG program to allow many to participate. Fee covers program, materials, training, two nights lodging at a downtown Columbus hotel, two continental breakfast, and Thursday lunch. All other meals are the participants responsibility,.

LATE FEE of \$25.00 per registration is to be paid for those that submit any materials, registrations or fees after the deadline.

### Parent & Student Agreement

I support my son/daughter’s application and participation in this program. We have read and understand the Code of Conduct. By submitting this 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.** Address envelope to the **Ohio Alliance of YMCA’s, Attn: Steve Pohlman 1105 Elm Street, Cincinnati, OH 45202.** One check per delegation. Consult with your advisor on who to make check payable to. Please allow up to 3 days for the checks to be received in Cincinnati to meet the deadline

### For Office use only

Check One:     Senate     House    Bill # \_\_\_\_\_    Seat \_\_\_\_\_

Committee Hearing # \_\_\_\_\_ Committee Serving # \_\_\_\_\_



# OHIO YMCA YOUTH IN GOVERNMENT

## Health/Medical/Publication Release Form

Name \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Parent/Guardian (or spouse) \_\_\_\_\_ Telephone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

**If not available in an emergency, notify:**

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies, medical conditions, etc. \_\_\_\_\_

Current medications \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy/Group# \_\_\_\_\_

**Parent/Guardian's Authorization**

I hereby give permission to the physician selected by the Ohio YMCA Youth in Government to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury. I hereby release, discharge and hold harmless the Ohio YMCA Youth in Government and Ohio Alliance of YMCAs from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter incur from any illness or injury.

**Publications Release**

I hereby grant to the Ohio YMCA Youth in Government the right to photograph, record and use my likeness and voice in photographs, video tape and audio tape, to incorporate the same into recordings, programs, publicity photos and promotional materials for publication, broadcast, instruction or presentation, and to use my name, picture, voice, biographical, and other information in connection therewith, including promotion in all media. I hereby release, discharge, and hold harmless the Ohio YMCA Youth in Government and anyone using said pictures, video or audio tape recordings from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have by reason of any such use, hereby waiving any fee for the use of such materials.

Delegate Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_