



Participant Information and Commitment

(Information Sheets will be kept confidential and only shared with program staff.)

Name _____

Health Information:

Allergies _____

Gender - Circle one. Male Female

Food Restrictions (*i.e. gluten allergy, vegetarian*) _____

Other Health Issues _____

Other Important Things to Know _____

End of Program Celebration Attendees:

A celebration lunch and ceremony will be held on Friday, Aug. 8 at the National Conference Center. Lunch is at 11:30 a.m. and the ceremony is at 12:30 p.m. We are asking for an RSVP in advance.

Names of Parents Attending Certificate Ceremony on Friday, Aug 8 at 11:30 a.m.

(Note: This is the official RSVP for the ceremony. Please let us know if there is a change in attendees prior to the event.)



Program Tuition

Tuition for Leadership Loudoun Youth is due by June 30, 2014 in the amount of \$450.00.

Pay by check or online at **www.leadershiploudounyouth.org**.

Return this three page form and the Meadowkirk release form by mail to:

Leadership Loudoun Youth
PO Box 1732
Leesburg, VA 20177

You may also scan the forms and return by email to MMoore@loudounyouth.org

If paying by check, checks should be made payable to **Loudoun Youth, Inc.** and sent with your forms. There are no additional program costs.

If tuition is not received by June 30th the student's spot may be offered to another youth.

Statement of Commitment

Candidates must attend and fully participate in all Leadership Loudoun Youth sessions throughout the week of August 8th.

The opening overnight retreat on Aug 4th is mandatory. Participants must attend the entire day of every session. Any participant who misses more than **one half day** will not graduate with the class. In such cases, **tuition will not be refunded.** If you cannot make this commitment, please call Barbara Josselyn at 703-431-2303 as soon as possible.

All participants also agree to adhere to the following principles:

- Treat one another and members of the community with respect and dignity.
- Be a conscientious representative of Leadership Loudoun Youth, the school you attend and your community.

We understand the commitment needed to complete the Leadership Loudoun Youth program and commit to fully participating in the program throughout the week of August 4-8.

Participant Name

Participant Signature

Date

Parent Name

Parent Signature

Date



2013 Permission Form

My son or daughter _____ has my permission to participate in the Leadership Loudoun Youth weeklong leadership development program. This program will include field trips in which my child will be riding on the Loudoun Youth bus, provided by Virginia Regional Transit.

I understand my child may be photographed during Leadership Loudoun Youth activities and give my permission for the photos to be used by Leadership Loudoun Youth for promotional purposes.

I hereby expressly waive, release, absolve, and indemnify any claim for liability against Leadership Loudoun and/or Loudoun Youth Inc., including its employees, volunteers and representatives.

I give permission for Leadership Loudoun and Loudoun Youth Inc. staff members to obtain emergency medical treatment for my son/daughter in the event I cannot be contacted. The telephone number listed below is the best number to contact me in case of an emergency.

Insurance Information:

Insured _____

Provider _____ Policy Number _____

Parent Name: _____ Cell Phone: _____

Parent Signature: _____ Date: _____

*****This permission form MUST be on file for each participant before admittance to the program.*****