Central Missouri Youth Development

LEADERSHIP RETREAT

Lincoln University Cooperative Extension

Thursday, July 21 – Saturday, July 23, 2011

PART I - STUDENT

Name_____male _____female ____

Mailing Address_____

City_____State_____Zip_____

Phone_____ Date of Birth _____Current Grade (2011): _____

School Name_____ GPA _____

If I am selected to participate in the Central Missouri Youth Development Leadership Retreat, I agree to:

- Participate in this Retreat for its duration (2.5 days)
- Comply with the guidelines presented at the pre-site meeting and on the first day of the Retreat
- Not smoke, drink or use any other illegal drugs during the Retreat
- Share with others in my school and community, as best I can, the knowledge and skills I gain at the Retreat, and
- Follow through on Action Plans developed during the Retreat.

Student Signature_____Date_____

PART II - PARENT/GUARDIAN

Name_____

Address_____

City_____ State _____Zip _____

Home Phone_____ Work _____Cell: _____

Emergency Contact other than Parent/Guardian: _____Phone_____

Does your son/daughter have any drug or food allergies? Yes_____ No_____ If yes, please explain:

_____

_____

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I have examined the program description and philosophy described in the CENTRAL MISSOURI YOUTH DEVELOPMENT LEADERSHIP RETREAT letter. I agree to allow my son/daughter, _____ to attend. I further agree to be supportive of his/her efforts to implement "Success Plans" related to youth leadership.

In order for your child to participate in Lincoln University Cooperative Extension's (LUCE) Central Missouri Youth Leadership Retreat the following RELEASE must be signed by a Parent or Legal Guardian: I/we give permission to CENTRAL MISSOURI YOUTH DEVELOPMENT "LEADERSHIP RETREAT" and its representatives to secure care and/or treatment for or behalf of my child., including but not limited to: emergency care and procedures, hospitalization, medications, X-rays, diagnostic test, laboratory, other health or medical test, surgeries, invasive procedures, anesthesia, injections, and the administration of other generally accepted medical, dental, and health care procedures. I/we fully indemnify and completely hold harmless CENTRAL MISSOURI YOUTH DEVELOPMENT "LEADERSHIP RETREAT" and its representatives from liability from any injuries, death, and /or medical, dental and/or health, treatment, care, and procedures selected and/or administered.

I give permission for the LU Cooperative Extension Division to use the photos of my son/daughter participating in this Retreat for recruiting/printing/publicity purposes.

The signature of one Parent or Guardian shall bind the other(s).

_____ _____

Signature of Parent/Guardian Date