



REGISTRATION FORM

DELEGATE INFORMATION

Name _____
 Sex _____ Race (optional) _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Guardian's Email _____
 School _____ Grade you will be in _____
 Have you previously attended LYS? Y N
 Delegate's Personal Phone _____
 Delegate's Personal Email _____

RECRUITMENT

Indicate the name of the individual who recruited you.
 Name _____
 Phone _____
 Email _____
 Indicate the name of a person in your school who would be able to assist with LYS recruiting efforts at your school.
 Name _____
 Phone _____
 Email _____

IN CASE OF EMERGENCY

Indicate below the name of the person who should be contacted in the event of an emergency:
 Name _____
 Relationship _____
 Phone Number _____
 Alternate Number _____

TUITION

- Tuition: \$395.00 (a refundable \$10 key deposit and \$5 supply fee will be collected at check-in)
- Refunds: \$150.00 of tuition is non-refundable after June 1.

Method of Payment (circle) Amount of Payment
 Check _____
 Credit Card (online only) _____
 Other _____
 Amount of Payment _____

MEDICAL RELEASE

Date of Birth _____
 Please list any conditions you have had in the past or you currently have: _____

 List any conditions you are currently under medical treatment for: _____
 List all medications you take regularly or frequently: _____

 Please indicate any allergies or pertinent medical information: _____

(ATTACH ADDITIONAL INFORMATION AS NECESSARY)

I hereby grant permission to an attending physician to render any medical and/or surgical treatment deemed necessary to relieve pain and/or preserve the life and/or health of my son/daughter. I understand that every effort will be made to avoid accidents and prevent illness, but I agree that the Louisiana Youth Seminar/Leadership Seminars of America will not be responsible or liable for any illness or injury. I also understand that the Louisiana Youth Seminar/Leadership Seminars of America will not administer any medications during the program, including over-the-counter medications, regardless of purpose. As well, I certify that the above history is true and complete to the best of my knowledge.

 Parent/Guardian Signature Date

 Name of Insurance Carrier Policy Number

MEDIA RELEASE

I agree that the name, voice, likeness, image and/or work of _____ (student's name) may be used for publicity and/or informational purposes by LYS and/or by members of the media as permitted by LYS.

 Student's Signature Date

 Parent/Guardian Signature Date