



Orange County Summer Youth Leadership Academy 2017 Application for Admission

PLEASE COMPLETE THIS APPLICATION ONLY IF YOU ARE AVAILABLE FROM 7/10/17 – 8/4/17

NAME _____ M ___ F ___ Grade _____ Age: _____

PARENT NAME: _____

ADDRESS _____

E-MAIL ADDRESS _____ PHONE # _____

YOUTH AND PARENT MUST COMPLETE THIS FORM TOGETHER. RETURN TO YOUTH BUREAU.

Please circle the correct response.

1. Do you have transportation to and from SYLA? Yes No

2. Do you have any physical limitations? Yes No

If yes, please describe: _____

3. Who recommended you for the Youth Leadership Academy? _____

PARENT/GUARDIAN & YOUTH CONSENT FORM

I understand that if my child is accepted as an academy participant, he/she will be part of a youth leadership development program which includes:

- *The 7 Habits of Highly Effective Teens*
- **Community and service learning projects**
- **Organizational and teamwork training, including team leadership training**
- **Training in decision making, including goal-setting and determining priorities**
- **Citizenship**
- **Positive Social Behaviors**

By signing this form, I authorize him/her to attend the Summer Youth Leadership Academy.

I understand that the dates of the academy are July 10, 2017 through August 4, 2017, Monday through Friday, 9:00 am - 3:00 pm., except for special circumstances such as extended field trips for which an individual permission slip will be provided. I understand that my son/daughter is expected to meet the obligations outlined in the Academy Handbook Failure to meet these obligations may lead to suspension or dismissal from the program at the discretion of the Site Coordinator.

CONTINUED ON BACK...

Medical/Emergency Information

PARENT/GUARDIAN

In an emergency, if I cannot be reached, the person(s) listed below will be called. They may act on my behalf.

PERSONS (other than parent/guardian) TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____ Day Phone: _____

Relationship: _____ Evening Phone: _____

Name: _____ Day Phone: _____

Relationship: _____ Evening Phone: _____

Insurance Carrier and Policy Number (if applicable): _____

Applicant Information: Current Health Status Fair _____ Good _____ Excellent _____

Current Medical Conditions? _____ Medication? _____

Allergies? _____

Parental Permission Form for Release of Photographs

The Summer Youth Leadership Academy may use photographs, videos, and names of program participants for celebration, public relations, and publicity. Only first names will be used. Photos and/or video may be used in print, film, or website/internet use.

____ *I accept this policy.* ____ *I do not accept this policy.*

Youth Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Daytime Phone # _____ Evening Phone # _____

Village of Walden Recreation & Parks Department
1 Municipal Square
Walden, NY 12586
845-778-2177 ext.1524