

DENISON YOUTH LEADERSHIP ACADEMY

ENROLLMENT APPLICATION

Date: _____

Name: _____ Nickname: _____

Home Address: _____
Street City ZipCode

Home Phone: _____ Cell Phone: _____ Age: _____

Male Female Email Address: _____

What do you want to be when you grow up? _____

The Denison Youth Leadership Academy Selection Committee is less concerned with the number or organizations and events in which you have participated than in what you have accomplished through your involvement. Please keep this in mind as you complete the application. *If more space is needed please include on back of application or attach additional information with application.*

STUDENT EXTRACURRICULAR INVOLVMENT

Please list student organizations to which you belong (starting with the current year), indicating leadership roles where applicable.

Organizations	School Years	Position Held (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMUNITY ACTIVITIES

Please list community, civic, social, religious, or other organizations not affiliated with Denison HS of which you have been member.

Organizations	Membership Dates	Position Held (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Name two (2) persons in Denison who could tell the selection committee about you.

Name	Phone	Address
_____	_____	_____
_____	_____	_____

PERSPECTIVE

What do you hope to gain from participation in DYLA: _____

What do you see as the most significant issues facing our community today: _____

Who do you consider to be your role model and why: _____

"If selected, upon completion of DYLA, I plan to make a difference in my community by: _____

COMMITMENT PLEDGE

The Denison Youth Leadership Academy is planned to be a learning experience and requires attendance at all scheduled sessions. By signing this application I agree to participate in DYLA, have my parent's/guardian's support for my participation, and will be able to attend each session.

Applicant's Signature: _____ Date: _____

**LEAD THINK
LOCALLY GLOBALLY**

Denison Youth
Leadership Academy

CLASS of 2013

Please return completed applications to the Denison High School Counselors Office.

DENISON YOUTH LEADERSHIP ACADEMY

PERMISSION FORM/MEDICAL RELEASE

Date: _____ Grade: _____

Name: _____ Male Female

Home Address: _____
Street/PO Box City Zip Code

Home Phone: _____ Birth Date: _____ Age: _____

PARENT/LEGAL GUARDIAN'S NAME: _____

Address (if different than above): _____

Phone (if different than above): _____

I hereby consent to participation by my son/daughter, _____
in the **Denison Youth Leadership Academy** sponsored by the **Denison Young Professionals Group (DYPG)** and the **Denison Chamber of Commerce (COC)** from **September, 2011 through May, 2012**. I understand these activity will take place at **various locations throughout Denison** and that my son/daughter will be under the supervision DYPG/COC personnel. As parent or legal guardian I agree to defend, indemnify and hold harmless the Denison Area Chamber of Commerce, it's committees, officers, employees and volunteers from any claims, costs or expenses for property damages, personnel injuries or other damages arising out of my son/daughter's participation in the above mentioned activity. In case of an emergency, I also grant permission to transport my child to the nearest hospital for emergency medical or surgical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located. I also give permission for my son/daughter to be transported to and from each location, photographed and/or videotaped (pictures may appear in the newspaper or other publications/media). All publications using photos or videos will be used for educational purposes or informational purposes regarding programs or curriculum of the Denison Youth Leadership Academy.

Parent's Signature: _____ Date: _____

Family Physician: _____ Phone: _____

Address: _____

My son/daughter is allergic to: _____

My son/daughter takes the following medication (name, dosage): _____

This medication is for: _____

Medication my son/daughter is allergic to: _____

Any specific medical concerns: _____

In an emergency, if unable to contact parent/guardian, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of insurance company: _____

Address: _____

Name of insured: _____

Group/Plan Number: _____ Policy Number: _____

This form MUST be filled out completely.

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