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| REGIONAL YOUTH LEADERSHIP 2020-2021 APPLICATION ADDENDUM Use this form if you have submitted your application online. This application is a fillable form in Microsoft Word. Please type your responses. |
| Send completed application to:  RYL Office Use Only  App fee: 🞎 cash 🞎 check  Applicant ID:  Regional Youth Leadership  c/o Northern Kentucky Chamber of Commerce  PO Box 17416  Ft. Mitchell, KY 41017-0416  Call or email questions to Ann Marie Whelan at 859-578-6398 or [amwhelan@nkychamber.com](mailto:amwhelan@nkychamber.com)  $10 application fee attached. Checks may be made payable to Regional Youth Leadership.  Please check here if you are unable to pay the application fee and are requesting that it be waived. This will not affect your chances of being selected in any way.  $100 school participation fee attached and made payable to Regional Youth Leadership (home-school students are asked to cover this fee although it may be split if multiple home-school students are selected).  Please check if you would like us to invoice your school in August (if you prefer to pay out of next year’s school budget) |

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| **SCHOOL CONTACT INFORMATION** | | | |
| Name of School: | Click here to enter text. | | |
| School Contact: | Click here to enter text. | School Contact Email | Click here to enter text. |

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| **SCHOOL PERMISSION** | | | | | |
| All applicants MUST have the approval of their school principal to attend sessions of Regional Youth Leadership. Please have your principal sign below. | | | | | |
| I approve the participation of | | Enter student name here | | in RYL for the 2020-21 school year. | |
| Principal Name: | Click here to enter text. | | | | |
| Principal Signature: |  | | Date: | | Click to enter a date. |

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| **PARENT/GUARDIAN PERMISSION** |

I have read the information regarding Regional Youth Leadership and am willing to have my child participate. I understand it is my responsibility to provide timely transportation for my child to and from session (exception: a bus will be provided to transport students to the retreat site). If transportation is required during a session, Regional Youth Leadership, its agents, and its employees have my full permission and consent to transport my child by bus, streetcar, private automobile, van or other appropriate means of transportation. I understand that most sessions occur during the school day, from 7:45 am to 3:00 pm, and that my child will be picked up from session within 30 minutes of the session conclusion.

I hereby release and hold harmless Regional Youth Leadership, its members, its agents, employees or any individuals involved in planning, organizing or presenting programs, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student’s attendance at or participation in any activity or session of Regional Youth Leadership.

I hereby grant Regional Youth Leadership permission to photograph my child and to publish the photos in connection with the advertisement of RYL including, without limitation, brochures, portfolios, flyers, catalogues, social media, and websites.

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| Print Name of Parents/Legal Guardians | Click here to enter text. | | |
| Signature of Parent/Legal Guardian |  | Date: | Click to enter a date. |
| **STUDENT ATTNDANCE & RESPONSIBILITIES** | | | |

By signing my name below, I agree to fully commit to the policies and expectations of Regional Youth Leadership. I acknowledge that it is my responsibility to become informed about all regulations and procedures required by the program. In no case will a regulation be waived, or an exception granted due to claims of ignorance of the regulation or assertions that information was not given.

I acknowledge that I have reviewed the RYL website and have considered my other commitments including college classes, employment obligations, and other extra-curricular activities. I acknowledge that full attendance and participation is essential to having a successful RYL experience. I accept the attendance requirements for RYL, acknowledge that the opening retreat on Sunday, September 13, 2020 is mandatory and recognize that two or more unexcused absences will result in removal from the program.

I agree to complete session evaluations and submit one written essay on a session to be determined at a later date. I also understand that my application is not complete until my parent/guardian, and school principal sign this form.

Student Signature: Date: Click to enter a date.

Student Email Address: