



San Diego Youth Leadership Conference
Joseph H. Pendleton Youth Leadership Conference, Inc.
PO Box 171, San Marcos, CA 92079
A Patriotic Education Program of all San Diego County Chapters of
The Military Order of the World Wars and National Sojourners, Inc.



From: Board of Directors

To: Prospective Conference Attendees

Subject: SAN DIEGO YOUTH LEADERSHIP CONFERENCE – 2019 - Session

The San Diego Youth Leadership Conference, SDYLC, is a patriotic education program founded by The Military Order of the World Wars, and supported by the National Sojourners, Hugh O'Brien Youth Leadership and Joe Foss Institute organizations. The purpose of the Youth Leadership Conference is to help prepare selected students for leadership roles in their respective schools. Additionally, the students will receive education on material that is not normally addressed in today's school system. Our program will improve the student's knowledge of Leadership, American Heritage and History, and the Free Enterprise System. The educational environment will also promote the students to gain lifelong friendships.

The 2019 SDYLC will be conducted June 24 - 27, 2019 to be held at University of California, San Diego (UCSD) campus. (The conference is not sponsored by the University of California and the views expressed at the conference are not supported or endorsed by the University of California and/or UC SAN DIEGO.)

Requirements to Apply:

- You must be a volunteer and want to attend.
- Incoming sophomore, junior, or senior in high school, who is under the age of eighteen.
- Have a grade point average of at least 2.5 on a 4.0 scale.
- Aspire to a leadership position of some type at your school and in your community.
- Exhibit strong moral character and sound judgment.

Tuition. \$400.00 for the 4-day, 3-night conference to be held at University of California, San Diego.

Note: Some student scholarships are available through local sponsoring organizations. Please contact us at applications@sdylc.org for more information.

There are only 50 openings. All application forms must be accurately and completely submitted with payment by **May 1, 2019**. Students are expected to attend if selected and no refunds after May 1, 2019.

Please feel free to contact us at applications@sdylc.org and we would be happy to answer any question you might have. Make checks payable to **Joseph H. Pendleton YLC INC.** Mail your completed application and payment to:

Joseph H. Pendleton YLC, INC.
P.O Box 171
San Marcos, CA 92079

Thank you for your time, and we hope to see your application soon.

Charles Dare
YLC Director and President of the Board of Directors

Attachments:

1. Student Application
2. Authorization and Release Form
3. Photo-Audio-Video-Consent Release Form; Official Recommendation
4. Student-Parent Terms and Agreement
5. Health and Medical Release
6. Medical History

Our Youth are the Nation's Leaders of Tomorrow

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Student Application

Date of Application: _____

Applicant Full Name: _____
Last First MI

Name of Parent/Guardian: _____
Last First MI

Male _____ Female _____ Date of Birth _____ Age _____

Home Address: _____
Street

City State Zip

Parent Daytime Phone: _____ Cell _____

Applicant Cell Phone No: _____

Applicant Email: _____

Parent Email _____

T-shirt Size: S M L XL XXL XXXL School Grade at the time of application: _____

Name of Applicant's School: _____

Address of Applicant's School _____
Street

City State Zip

List student's current, and future leadership positions for 2019-2020 school year: _____

I certify I meet all of the requirements to apply as listed on page 1 of this application, and that this application is complete and correct to the best of my knowledge.

Signature of Applicant

Date

Note: Applications must be submitted by May 1, 2019.

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AUTHORIZATION AND RELEASE FORM

I (we), the undersigned being the natural parents and/or the designated legal guardian(s) or custodian(s) of _____, a minor aged _____ years, date of birth: _____ hereby authorize, consent and contract as follows:

Permission is expressly granted for said minor child to attend the Youth Leadership Conference (YLC) to be held at University of California, San Diego, California, during the period of **June 24 – 27, 2019** inclusive, including the necessary travel time, under the joint sponsorship of The Military Order of the World Wars (MOWW) and/or its affiliates, hereinafter referred to as MOWW. It is understood that said child was invited to attend the Conference after being selected by the MOWW from among other applicants.

I (we) hereby release and contract to hold harmless, the MOWW, and any other cosponsors of the YLC, from any and all liability and/or responsibility for the child's welfare, well-being and control for the entire period of the Conference, including the day of arrival, and the day of departure from the Conference site.

This is a voluntary release of liability and complete assumption of risk. I hereby release Regents of the University of California, University of California San Diego, its officers, agents and employees from any and all claims and losses accruing or resulting to any other person, firm or corporation furnishing or supplying work, service, materials or supplies in connection with the performance of the SDYLC Contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by my presence on UCSD Campus, or my involvement in social events and actions whatsoever resulting from my presence on UCSD Campus, or my involvement in social events, tours, training and living aboard UCSD Campus in the performance of this SDYLC Contract.

This release applies to the child, the parents/guardians, other children, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the Regents of the University of California arising out of or relating to any loss, damage, illness, death or injury that may be sustained while on UCSD Campus. This release also applies to all dangers inherently involved in the event in which I desire to participate.

I (we) further state that I (we), _____, have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of myself and/or my child or children for whom I am authorized to act as legal guardian.

If the applicant does not arrive at the proper time and place for the conference, it is understood that the information regarding tuition will be enforced.

Date

Signature of Applicant

Signature of Parent/Guardian

Signature of Parent/Guardian

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PHOTO-AUDIO-VIDEO CONSENT FOR RELEASE FORM

Documentary photography and audio/video recordings will be taken of the students and staff in casual, classroom, dining, and other SDYLC activities.

Any or all of these photos and audio/video recordings may be published and used by MOWW/SDYLC or on an MOWW/SDYLC website, in the MOWW magazine, in YLC/MOWW/SDYLC promotional materials, or on MOWW/SDYLC Social Media websites. The photographer retains copyright of all such photos though unconditional release is granted to MOWW.

It is to be noted that no Personal Information of the students or their families will be released on any of these publication means.

I (we), the undersigned student or parents(s) {or guardian(s)} of the above-named minor, do hereby agree with the use and ownership of the materials as stated above for The Military Order of the World Wars (MOWW).

Date

Signature of Applicant

Signature of Parent/Guardian

Signature of Parent/Guardian

RECOMMENDATION BY OFFICIAL

It is my recommendation that this student possesses the qualifications to attend and will benefit from this leadership conference. Additionally, this student possesses the academic qualifications and motivation to become a leader in their community and influence the actions of others around for the benefit of our nation.

Name of School/Sponsor Official: _____

Title: _____

Signature of Recommending Official: _____

Phone _____

E-mail _____

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STUDENT – PARENT TERMS AND AGREEMENT

Please read the below sections and agree to and sign. Make sure you understand this document completely because this becomes a written contract between you, as the student, and the San Diego Youth Leadership Conference. Failure to comply with the rules below will result in your being sent home immediately and terminated from the SDYLC with no refund.

Conference Rules:

1. No knives, firearms, explosives, etc.
2. No alcohol, tobacco, or illegal drugs.
3. No questionable material such as pornography.
4. No "Horse play" or fighting.
5. No inter-sex mixing within the living space.
6. No Foul Language.
7. You will follow all directions from staff.
8. You will keep your room, and workspaces clean, and leave them cleaner than you found them.
9. You will treat all SDSU property that is loaned to you for use with the utmost respect.
10. You will respect all students, staff, presenters, and other involved directly or indirectly with the Youth Leadership Conference.
11. You will be appropriate, respectful, and tactful.

Applicant's Initials: _____

Parent/Guardian Initials: _____

Dress Code:

1. No midriffs, tank tops, or short-shorts may be worn.
2. No low-cut tops or jeans.
3. No clothing, accessories, belts, or jewelry displaying alcohol, tobacco or other drugs or look-alikes, sex, illegal substances or messages promoting violence, unsafe or illegal activity.
4. Clothing must be size appropriate.
5. Pants or Jeans must be worn at the waist. No "sagging" allowed.
6. No hats/covers worn indoors, except for religious purposes.
7. No see-through clothing.
8. No chains or spiked clothing.
9. No flip-flops, sandals, or open toe shoes are allowed.
10. Males -- You will tuck in your shirt and wear a belt.

Applicant's Initials: _____

Parent/Guardian Initials: _____

Conference Acknowledgement:

1. You understand that you will be staying overnight at the UCSD Campus in your assigned dorm for the full four days and three nights of the conference.
2. You understand that you will arrive on time, participate fully in all activities and will not leave the program until its' completion.
3. If sponsored, you understand that you are receiving a \$400 educational experience provided by donations.
4. If you are selected, you understand that you are fulfilling a limited slot that cannot be transferred to another student after selection process. Therefore, you understand that the monies donated have already been spent and another student has lost the opportunity to attend if you fail to keep your commitment.
5. Lost meal card replacement fee of \$5.00 is paid by the applicant at time of replacement.
6. Lost room key(s) replacement fee of \$155.00 per key/card is paid by the applicant at time of loss.

Applicant's Initials: _____

Parent/Guardian Initials: _____

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Please state why you would like to be selected to attend the San Diego Youth Leadership Conference
June 24-27, 2019.

By signing below, you agree that you have read and understand the conference rules, dress code, and conference acknowledgement. Furthermore, you understand that a violation of these rules or a gross violation of the dress code will result in termination from the San Diego Youth Leadership Conference.

Signature of Applicant

Date

By signing below, you agree that you have read, understand, and approve the rules, guidelines, and conference acknowledgement of the San Diego Youth Leadership Conference, which your child is applying to attend.

Signature of Parent/Guardian

Date _____

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HEALTH AND MEDICAL FORM

Name _____ Date of Birth _____ Age _____

Address _____
Street City State Zip

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____
(If different from above) Street City State Zip

Daytime Phone _____ Cell: _____

Health Insurance Company _____

Policy/Member Number _____

Policy Holders Name _____

Family/Primary Physician _____ Telephone _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR **THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN**

I (we), the undersigned parent(s) (or guardian(s) of the above-named minor, do hereby authorize The Military Order of the World Wars Youth Leadership Conference transport and obtain diagnosis or treatment and hospital care which is deemed advisable by, or which is to be rendered under the general or special supervision of a physician or surgeon licensed to practice in the State of California.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including but not limited to physicians, nurses, nurse practitioners and hospital personnel, to administer routine and/or emergency medicines and treatments as needed. I hereby release these health care providers from all liability for acts associated with providing me with emergency medical care.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent in the exercise of his best judgment may deem advisable. This authorization will be effective from the first through the last day of the Conference, unless sooner revoked in writing and delivered to said agent.

Date

Signature of Applicant

Signature of Parent/Guardian

Signature of Parent/Guardian

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MEDICAL HISTORY

FILL IN THE INFORMATION AS COMPLETELY AS POSSIBLE

(This is for use in emergency medical situations only)

Date of last complete physical examination (month and year) _____

Has it ever been necessary to restrict your physical activities for medical reasons? **YES / NO**

If YES, explain _____

Are you aware of any current health problems? **YES / NO**

If YES, explain _____

Are you now under medical care or regularly taking medications? **YES / NO**

If YES, explain _____

List all prescription medications _____

List all non-prescription medications _____

Has there been any significant surgery, injury, illness or change in health status since last physical examination? **YES / NO**

If YES, explain _____

EMERGENCY MEDICAL INFORMATION

Known allergies (drug, food, insect, etc.) _____

Any condition requiring regular medication or special care _____

Special Dietary Restrictions _____

Asthma

Convulsions

Heart Trouble

Diabetes

Bleeding
Disorder

Other, Explain _____
