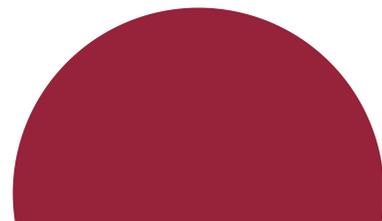


# 2020 SDYLC APPLICATION

[www.sdylc.org](http://www.sdylc.org)

Joseph H. Pendleton YLC, INC.





# SAN DIEGO YOUTH LEADERSHIP CONFERENCE

## Educating the Leaders of Tomorrow

**From:** Board of Directors  
**To:** Prospective Conference Attendees  
**Subject:** SAN DIEGO YOUTH LEADERSHIP CONFERENCE - 2020 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, Inc., Hugh O'Brien Youth Leadership, and Joe Foss Institute organizations. The Joseph H. Pendleton YLC, Inc., 501 c (3), is the organization that plans and operates the SDYLC. 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 2020 SDYLC will be conducted June 29 - July 2, 2020 and will be held at the 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 indicate on application your request to be considered for a scholarship. You may contact us at [applications@sdylc.org](mailto:applications@sdylc.org) for more information.

There are only 50 openings, with 5 alternates. All application forms must be accurately and completely submitted with payment by **May 1, 2020**. Students are expected to attend if selected and no refunds after May 1, 2020.

Please feel free to contact us at [applications@sdylc.org](mailto: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  
SDYLC Director & President of the Board of Directors

# 2020 Student Application Packet Contents

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**All application sections must be completed and submitted in full for your application to be considered. Incomplete or partial applications will be rejected.**

## **APPLICATION CONTENTS:**

- I. Student Application
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  - B - Parent/Guardian Information
  - C - School Information
- II. Authorization and Release Form
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- IV. Recommendation by Official
- V. Student-Parent Terms and Agreement
  - A - Conference Rules
  - B - Dress Code
  - C - Conference Acknowledgement
  - D - Selection Short Essay
  - E - Acknowledgement
- VI. Health & Medical Release
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# I. Student Application

The information contained in this application and its medical reports will be handled with extreme care and will only be used by the event director, medical officer or designated event staff cited above or authorized medical personnel. After the event, applications will be retained for 2 years and then destroyed.

Please print legibly in all fields of this application. A digital fillable PDF is also available on our website at [www.sdylc.org](http://www.sdylc.org).

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## PART A. Student Applicant Information

Applicant Full Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male / Female Grade: 10 / 11 / 12 Graduation Year: \_\_\_\_\_  
(Date - Month/Day/Year) (Circle One) (As of Fall 2020 - Circle One)

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Cell Phone (\_\_\_) \_\_\_-\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: S M L XL XXL XXXL Are you applying for a Scholarship? Yes / No

How did you hear about our program? \_\_\_\_\_

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## PART B. Parent Guardian Information

Parent/Guardian Full Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Home Phone (\_\_\_) \_\_\_-\_\_\_\_ Cell Phone (\_\_\_) \_\_\_-\_\_\_\_ Email: \_\_\_\_\_

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## PART C. School Information

School Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Currently involved in (circle all that apply): ASB JROTC Scouting Boys/Girls Club Church Band Other \_\_\_\_\_

List Applicants Current and Future Leadership positions for the 2020-2021 school year: \_\_\_\_\_  
\_\_\_\_\_

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*I certify that I meet all of the requirements to apply, and that this application is complete and correct to the best of my knowledge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
(Month/Day/Year)

## II. Authorization & 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: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(APPLICANT NAME - FIRST & LAST) (Month / Day / Year)

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 29 - July 2, 2020 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  
(PARENT/GUARDIAN NAME - FIRST & LAST)  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Signature)

### III. Photo-Audio-Video Consent For Release Form

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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), and Joseph H. Pendleton YLC, Inc.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Parent/Guardian Signature)

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### IV. Recommendation By Official

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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: \_\_\_\_\_

School/Sponsor Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_      Email: \_\_\_\_\_

Signature of Recommending Official: \_\_\_\_\_

# V. Student/Parent Terms & Agreement

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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.

## **PART A. Conference Rules:**

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

**Applicant Initials:** \_\_\_\_\_ **Parent/Guardian Initials:** \_\_\_\_\_

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## **PART B. Dress Code:**

- No midriffs, tank tops, or short-shorts may be worn.
- No low-cut tops or jeans.
- 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.
- Clothing must be size appropriate.
- Pants or Jeans must be worn at the waist. No "sagging" allowed.
- No hats/covers worn indoors, except for religious purposes.
- No see-through clothing.
- No chains or spiked clothing.
- No flip-flops, sandals, or open toe shoes are allowed.
- Males - You will tuck in your shirt, and wear a belt.

**Applicant Initials:** \_\_\_\_\_ **Parent/Guardian Initials:** \_\_\_\_\_

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## **PART C. Conference Acknowledgement:**

- 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.
- You understand that you will sleep in the dorm room with other students and the room assignments are made by the SDYLC Director.
- You understand that you will arrive on time, participate fully in all activities and will not leave the program until its' completion.
- If sponsored, you understand that you are receiving a \$400 educational experience provided by donations.
- 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.
- Lost meal card replacement fee of \$5.00 is paid by the applicant at time of replacement.
- Lost room key(s) replacement fee of \$155.00 is paid by the applicant at time of loss.

**Applicant Initials:** \_\_\_\_\_ **Parent/Guardian Initials:** \_\_\_\_\_



# VI. Health & Medical Form

## PART A. Authorization Consenting to the Treatment of a Minor

I (we) the undersigned parent/legal guardian of the named student minor below do hereby authorize the Joseph H. Pendleton YLC, Inc. and the Military Order of the World Wars, Inc.®, the Youth Leadership Conference's Director or their designated staff member(s) as agent(s) for the undersigned to consent to any X-Ray, examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by any physician licensed to practice in San Diego, CA. 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 to provide care, which the aforementioned physician, in the exercise of his/her best judgment deemed advisable. This authorization will be in effect for the duration of the cited event.

Except for a case of substantiated gross negligence or worse, the undersigned hereby releases and contracts to hold harmless the Joseph H. Pendleton YLC, Inc., its Director, Board Members, Staff, volunteers, and authorized representatives, and MOWW, Inc., from any and all liability and/or responsibility for the child's welfare, well-being and control for the period of the conference including the day of departure and the day of return if the chapter provides transportation until the day of return.

Applicant Name: \_\_\_\_\_ Parent/Guardian Relationship to Applicant: \_\_\_\_\_

## PART B. Physician and Health Insurance

Family Physician: \_\_\_\_\_  
(Name - First & Last)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

## PART C. Emergency/Alternate Contact

First Emergency Contact: \_\_\_\_\_  
(Name - First & Last) Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Second Emergency Contact: \_\_\_\_\_  
(Name - First & Last) Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

# VII. Medical History

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## PART A. Known Conditions

Does the applicant have any of the following conditions? (Indicate "Yes" or "No" on each underscore)

Asthma: \_\_\_\_\_;                      Convulsions: \_\_\_\_\_;                      Heart Trouble: \_\_\_\_\_;

Diabetes: \_\_\_\_\_;                      Bleeding Disorders: \_\_\_\_\_;                      Other: \_\_\_\_\_;

If "Yes" to any condition listed above, please explain: \_\_\_\_\_  
\_\_\_\_\_

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## PART B. Allergies

Does the applicant have any of the following allergies? (Indicate "Yes" or "No" on each underscore)

Allergy to any plant, food, or animal: \_\_\_\_\_;                      Allergy to any drug or insect toxin: \_\_\_\_\_;

Allergies to bug spray or sunscreen/sunblock/sunburn lotion: \_\_\_\_\_;                      Regular medication or diet or special care: \_\_\_\_\_;

If "Yes" to any condition listed above, please explain: \_\_\_\_\_  
\_\_\_\_\_

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## PART C. Dietary Restrictions

Does the application have any known dietary restrictions: (Circle all that apply)

Gluten-Free    Vegetarian    Vegan    Dairy Free    Nut Free    Shellfish Free

Other: \_\_\_\_\_

Can you self select meals at a buffet if labeled?    Yes / No    (Circle One)

Does your dietary restriction require special handling to prevent cross-contamination?    Yes / No    (Circle One)

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## PART D. Physical Condition

Date of Applicants last complete physical examination:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Date - Month/Day/Year)

Has the Applicant had significant surgery, injury illness or change in health since their last physical?    Yes / No    (Circle One)

If "Yes" to any condition listed above, please explain: \_\_\_\_\_  
\_\_\_\_\_

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# VII. Medical History

## PART D. Physical Condition (Continued)

Has it ever been necessary to restrict the applicants physical activities for medical reasons? Yes / No (Circle One)

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you aware of any other current health problems? Yes / No (Circle One)

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Is student now under medical care or regularly taking medications? Yes / No (Circle One)

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Date of Immunizations:

Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Diphtheria: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Polio: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Mumps: \_\_\_\_/\_\_\_\_/\_\_\_\_;  
(Date - Month/Day/Year)      (Date - Month/Day/Year)      (Date - Month/Day/Year)      (Date - Month/Day/Year)

Measles: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Pertussis: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Rubella: \_\_\_\_/\_\_\_\_/\_\_\_\_;      Other: \_\_\_\_/\_\_\_\_/\_\_\_\_;  
(Date - Month/Day/Year)      (Date - Month/Day/Year)      (Date - Month/Day/Year)      (Date - Month/Day/Year)

If "Other", please explain: \_\_\_\_\_  
\_\_\_\_\_

## PART E. Acknowledgement

By signing below, you certify the Medical History information provided is true and correct to the best of your knowledge:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date - Month/Day/Year)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Name - Print Clearly)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Parent/Guardian Name - Print Clearly)