



2010 MISSOURI LEADERSHIP SEMINAR

REGISTRATION PACKET

Enclosed please find the Missouri Leadership Seminar, Inc. registration materials. Please ensure that you thoroughly review and complete *all* of the forms with your parents and/or guardians. Please attach any additional and pertinent information. Any questions may be directed to Rachel White, Director of Recruitment, at missourileadership@yahoo.com.

You must return the following items to the Missouri Leadership Seminar, Inc. Director of Recruitment by April 1, 2010:

- Student Registration Form**
- Travel Itinerary Form**
- Health Insurance Form**
- Copy of Student Health Insurance Card**
- Record of Medical History (2 pages)**
- Notarized* Consent & Acknowledgment of Risk Form (2 pages)**
- Sunday Services Selection Form**

**PLEASE RETURN
THIS PACKET
NO LATER THAN
APRIL 1, 2010 TO:**

MISSOURI LEADERSHIP SEMINAR, INC.
DIRECTOR OF RECRUITMENT
RACHEL E. WHITE
9003 IMAGE CIRCLE, APT. 2002
FORT WORTH, TX 76116

Registration materials are to be sent to the above address. The Missouri Leadership Seminar, Inc. will be held in Warrensburg, Missouri; however, our volunteers are based throughout the United States.

Participant Name: _____
(Last) (First)

Missouri Leadership Seminar, Inc.

Student Registration Form

Return to Director of Recruitment

MS. RACHEL E. WHITE

9003 Image Circle, Apt. 2002

Fort Worth, TX 76116

(Please type or print legibly)

Mr. Ms. _____
(Last Name) (First Name) (Preferred First, if different)

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: _____
(Area Code)

T-Shirt Size: _____
(Adult S – XXL)

Student Email: _____
(To be used for MLS correspondence and in Student Roster only)

High School: _____

School Representative who nominated you: Name: _____

Phone: _____

In case of emergency contact:

Parent/guardian name(s): _____

Daytime telephone: _____
(Area Code)

[Please identify whether this is a home, work, or cell phone number for parent/guardian.]

Summary of Special Considerations (transfer from attached forms):

Disabilities: _____

Special dietary Needs: _____

Allergies or medical conditions: _____

Medications: _____

FOR STAFF USE ONLY

Missouri Leadership Seminar, Inc.

Travel Itinerary

Return to Director of Recruitment

MS. RACHEL E. WHITE
9003 Image Circle, Apt. 2002
Fort Worth, TX 76116

(Please type or print legibly)

Participant Name: _____
(Last) (First)

ARRIVAL INFORMATION:

Participant will arrive at MLS by:

[] CAR Driven by: _____
(Name) (Relationship)

Phone Numbers: _____
(Daytime) (Cell)

Participant will drive SELF: [] YES [] NO (Keys will be collected at check-in for the duration of the seminar.)

If YES: _____
(Make) (Model) (License Plate)

[] BUS [] TRAIN [] PLANE (Attach additional information if necessary.)

Name of Carrier: _____

Bus/Train/Flight Number: _____

Arrival Date & Time: _____

Participant will need to be picked up at the above carrier's terminal/station? [] YES [] NO

DEPARTURE INFORMATION:

Participant will depart MLS by:

[] CAR (if different)
Driven by: _____
(Name) (Relationship)

Phone Numbers: _____
(Daytime) (Cell)

[] BUS [] TRAIN [] PLANE (Attach additional information if necessary.)

Name of Carrier: _____

Bus/Train/Flight Number: _____

Departure Date & Time: _____

Participant will need transportation to the above carrier's terminal/station? [] YES [] NO

Signature of Parent or Legal Guardian

Missouri Leadership Seminar, Inc.

Health Insurance Form

Return to Director of Recruitment

MS. RACHEL E. WHITE

9003 Image Circle, Apt. 2002

Fort Worth, TX 76116

(Please type or print legibly)

Participant Name: _____

Health Insurance Plan Name: _____

Health Insurance Plan Number: _____

Name of Insured/Sponsor: _____

Health Insurance Plan Phone Number: _____
(Area Code)

Check here if participant is **not** covered by a Health Insurance Plan

Name of Parent/Legal Guardian: _____
(Last) (First)

Emergency Contact Phone Number(s): _____
(Area Code)

Signature of Parent or Legal Guardian

**Please attach a copy of
the front and back of
your health insurance
card!**

Missouri Leadership Seminar, Inc.

Record of Medical History (page 1 of 2)

Return to Director of Recruitment

MS. RACHEL E. WHITE

9003 Image Circle, Apt. 2002

Fort Worth, TX 76116

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PERSONAL INFORMATION

Participant Name: _____ Gender: _____
(Last) (First)

Date of Birth: _____ Place of Birth: _____

Primary Phone: _____ High School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
(Last) (First)

Primary Phone: _____ Secondary Phone: _____
(Area code) (Area code)

Family Physician Name: _____ Phone: _____
(Area code)

PERSONAL MEDICAL HISTORY

Please check the following diseases/conditions you have had in the PAST:		
<input type="checkbox"/> Bleeding Tendencies	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> German Measles	<input type="checkbox"/> Polio	

Please check the following conditions you have had or are subject to NOW:		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Nose Bleed
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Upset Stomach
<input type="checkbox"/> Difficulty Sleeping	<input type="checkbox"/> Headaches	<input type="checkbox"/> Vision Loss
<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Migraine	

Missouri Leadership Seminar, Inc.

Record of Medical History (page 2 of 2)

Return to Director of Recruitment

MS. RACHEL E. WHITE

9003 Image Circle, Apt. 2002

Fort Worth, TX 76116

(Attach additional information if necessary.)

What treatments or medications do you require for the above conditions?

Are there any past hospitalizations or illnesses we should be aware of?

Please list all allergies (insect stings, food, plants, etc.):

MEDICATIONS

Please list any medications you have allergic reactions to (penicillin, sulfa drugs, tetanus antitoxin, etc.):

Please list any medications you are taking, including dosage and condition that requires the medication:

IMMUNIZATION HISTORY

Type of Illness:	Approximate Date of Immunization:
<input type="checkbox"/> Diphtheria	
<input type="checkbox"/> Influenza/Colds	
<input type="checkbox"/> Mumps	
<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Polio Series	
<input type="checkbox"/> Regular Rubeola Measles	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Typhoid	
<input type="checkbox"/> Whooping Cough	

GENERAL

Please describe and explain any limitations on the types or amounts of physical activity that you can engage in, attaching additional information if necessary.

Signature of Participant

Signature of Parent or Legal Guardian

Missouri Leadership Seminar, Inc.

Consent and Acknowledgement of Risk (page 1 of 2)

Return to Director of Recruitment

MS. RACHEL E. WHITE
9003 Image Circle, Apt. 2002
Fort Worth, TX 76116

Participant: _____

Activities: 2010 Missouri Leadership Seminar, Inc. (MLS)

Seminar Dates: June 4 -6, 2010

Location: University of Central Missouri, Warrensburg, Missouri

- 1) IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:
 - a) Agrees to abide by all rules and regulations established by the Missouri Leadership Seminar, Inc. (MLS).
 - b) Authorizes MLS or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
 - c) Grants to MLS for any purpose connected with promoting the purposes and goals of MLS, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to MLS, and to use, reproduce, publish, and distribute the same;
 - d) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds MLS harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by MLS as a result of, or arising out of, the Participant's negligence or misconduct;
- 2) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of MLS.

The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands and agrees to its contents.

Signature of Participant

Date

(Continued on next page)

Missouri Leadership Seminar, Inc.

Consent and Acknowledgement of Risk (page 2 of 2)

Return to Director of Recruitment

MS. RACHEL E. WHITE

9003 Image Circle, Apt. 2002

Fort Worth, TX 76116

IF PARTICIPANT IS A MINOR, THE SIGNATURE OF HIS OR HER PARENT OR LEGAL GUARDIAN IS REQUIRED:

Name of Parent or Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature of Parent or Legal Guardian

Date

TO BE NOTARIZED

STATE OF

COUNTY OF

On _____ before me the undersigned, a Notary Public in and for said

State, personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

WITNESS my hand and official seal.

Signature _____

Name _____

(Please type or print clearly)

Missouri Leadership Seminar, Inc.
Sunday Services Selection Form

Return to Director of Recruitment

MS. RACHEL E. WHITE
9003 Image Circle, Apt. 2002
Fort Worth, TX 76116

Participant Name: _____

We will be holding religious service on Sunday for the MLS Seminar Ambassadors and Staff. All services will be held on the UCM Campus. All Ambassadors are required to attend one of the scheduled sessions.

Please choose ONE selection below:

Protestant
(Non-Denominational)

Catholic Mass

Discussion Group

Signature of Participant

Signature of Parent or Legal Guardian