

# Freedoms Foundation at Valley Forge

## Student Information Form

(Must be printed or typed)

Full Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Please mark one

Male

Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Student E-Mail: \_\_\_\_\_

Name of Parents/Guardians: \_\_\_\_\_

Conference Date: **November 7-10, 2019**

### School Information

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

Address of School: \_\_\_\_\_

Grade Level:  10  11  12

Academic Ranking:  Top 10%  Top 20%  Top 30%  Top 50%

### Personal Information

Organizational Memberships: \_\_\_\_\_

Leadership Positions Held: \_\_\_\_\_

Hobbies//Sports/Travel: \_\_\_\_\_

FREEDOMS FOUNDATION AT VALLEY FORGE  
STUDENT MEDICAL INFORMATION FORM

**Please include a photocopy of the student's health insurance card.**

**This form consists of FOUR sections. In order to be admitted to the AMVETS Spirit of America Youth Leadership Conference, each section needs to be completed with the required signatures and returned to Freedoms Foundation by October 24, 2019.**

**NAME OF PARTICIPANT** \_\_\_\_\_

**I. PARENT'S WAIVER**

We (I) hereby give permission for the above named student to attend the Spirit of America Youth Leadership program on November 7-10, 2019 to be conducted at Freedoms Foundation at Valley Forge. We (I) hereby release and discharge the Freedoms Foundation at Valley Forge, its officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we (I) may or shall have reason of any illness, injury or accident incurred or suffered by the above named participant at this conference and in the course of travel by any means to and from and while on the premises of the Freedoms Foundation at Valley Forge, no matter how caused or occasioned.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Signature of Parents/Guardians**

**Telephone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Parents/Guardians E-Mail** \_\_\_\_\_

**I. INSURANCE**

Freedoms Foundation does not carry medical insurance to cover participants. All participating students should be covered by personal or family insurance.

We (I) hereby certify, under penalty of perjury, that the above named student is covered by medical insurance.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

\_\_\_\_\_  
**Date** \_\_\_\_\_

**Signature of Parents/Guardians**

**Insurance Company** \_\_\_\_\_

**Policy/Group number** \_\_\_\_\_

**Expiration Date of insurance** \_\_\_\_\_

Please list emergency number(s) other than those above at which parent, guardian, or another relative may be reached during the conference.

***(Please print and relationship to student)***

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**II. PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT**

In the event that our (my) child \_\_\_\_\_ becomes ill or sustains an injury while under the supervision of the Freedoms Foundation staff, we (I) hereby give permission to administer first aid for our (my) child's relief. If it is not practical to return our (my) child to us (me), or to receive our (my) instructions for his/her care, consent is given to any licensed physician and/or surgeon to whom our (my) child is taken for treatment, to administer such treatment, drugs, and medicines and to perform such surgical procedures as the licensed physician and/or surgeon shall think the existing emergency requires for the relief of pain, and to preserve our (my) child's life and health. We (I) understand and agree that while the Freedoms Foundation staff may seek medical treatment for our (my) child, we (I) hereby release and discharge the Freedoms Foundation, its officers, agents, instructors and employees, for any and all demands, suits, actions or causes of actions that we (I) may or shall have by reason of arranging for such medical treatments or from failure to seek such medical treatments.

\_\_\_\_\_  
**Names of Parents or Guardians (Please print)**

\_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parents/Guardians**

### III. STUDENTS MEDICAL HISTORY

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of most recent exam \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Date of most recent tetanus toxoid immunization \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Telephone \_\_\_\_\_

#### HEALTH HISTORY

*Please provide any information about a student's health history that may impact their participation in the program. This may include health concerns, food and medication allergies (see below), and/or current medications (see below). Attach additional pages if necessary.*

#### CONDITIONS

- Frequent ear infections
- Heart defect/disease
- Convulsions
- Diabetes
- Bleeding/Clotting disorders
- Hypertension
- Mononucleosis
- Hepatitis

#### ALLERGIES

- Hay Fever
- Ivy poisoning, etc.
- Insect Stings
- Asthma
- Penicillin
- Other Drugs

#### IMMUNIZATIONS

- Chicken Pox
- Measles
- Mumps
- Rubella
- DTaP

Food Allergies \_\_\_\_\_

Current Medication taking \_\_\_\_\_

Medication allergies \_\_\_\_\_

List any condition or illness that Freedoms Foundation should be aware of that is not mentioned \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR PROVIDING US WITH THIS INFORMATION.

# *Honor Code*

*As a participant in the Spirit of America Youth Leadership Conference, I agree to:*

- ∞ Participate in all activities to the fullest extent possible.*
- ∞ Be on time to all scheduled events.*
- ∞ Show respect to my fellow participants, adults leaders, and myself.*
- ∞ Leave the campus—classrooms, dormitories, dining hall, etc—in the same condition I found them.*
- ∞ Follow all rules and instructions as communicated by the program director and staff.*
- ∞ Honor wake up time and lights out times.*
- ∞ Behave in a way that is always safe for me and others.*
- ∞ Make this weekend alcohol, tobacco, and drug free.*

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*Participant signature*

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*Date*

# Freedoms Foundation at Valley Forge Talent Release Form

## ASSIGNMENT, CONSENT, AND RELEASE

I, the undersigned, on behalf of my child, \_\_\_\_\_, hereby grant absolute right and permission to Freedoms Foundation at Valley Forge to take photographs, video, testimonials and/or audio reproductions of the person(s) named above and to copyright, use, publish, and distribute same.

In granting such permission, I hereby relinquish any right, title or interest in such photographs, video, testimonials, CD ROMs, DVDs, and/or audio reproductions and grant Freedoms Foundation at Valley Forge permission to publish, exhibit or use such audio/visuals for any and all promotional purposes stated, including broadcast, website, and other print and/or electronic uses.

I, the undersigned, certify that I am 18 years or older and have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Name of Parent/Guardian

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_