



# 2016 NSA Youth Leadership Conference Registration

## July 23 – July 26 | JW Marriott Phoenix Desert Ridge | Phoenix, AZ

*Please complete both pages of registration form. Please complete a separate registration form for each youth.*

Youth's First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name for Badge: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in Fall 2016: \_\_\_\_\_ Youth's Home Telephone: \_\_\_\_\_  
Youth's Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Parent/Guardian's Email Address: \_\_\_\_\_

**Print name of NSA member or guardian who will attend the parent/youth orientation on Saturday, July 23 from 1:00pm – 2:00pm**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

T-shirt size (adult sizes): ☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large

**\*T-shirt sizes available on a first-come, first-served basis.**

**Youth Registration Fees:** (Daily rates are not available for the Youth Conference)

☐ **Early Rate - \$575**  
**By May 9**

☐ **Advanced - \$625**  
**After May 9**

**Total amount enclosed: \$ \_\_\_\_\_**

### Form of Payment:

☐ Check enclosed, Youth registered once check is received. (Payments drawn on banks outside the United States must be made by International Money Order.)

☐ AMEX ☐ Discover ☐ MasterCard ☐ VISA

\_\_\_\_\_  
Print name as it appears on the card

\_\_\_\_\_  
Cardholder's signature

\_\_\_\_\_  
Card number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
Cardholder's phone number

### Refunds:

Requests for a full refund of registration fees (minus a \$100 processing fee) must be received in writing at NSA prior to May 1, 2016. Requests after May 1, 2016 are subject to a \$150 processing fee. **No refunds will be granted for cancellations received after June 17, 2016.**

**Please note:** A youth cannot be accepted for participation in the NSA Youth Leadership Conference unless the permission form below is signed by the youth's parent/guardian and the accompanying Emergency Medical form is complete. Youth must be checked in and/or registered no later than 12:30pm Saturday, July 23, 2016.

### Youth Release:

In consideration of your acceptance of my child in the National Speakers Association Youth Leadership Conference for 2016, I understand that this is a voluntary service that is provided by NSA, but the continued care and well-being of my youth is still my sole responsibility. Therefore, in consideration of your providing this service, I hereby release, discharge and hold and save harmless NSA, the JW Marriott Desert Ridge, their respective officers, directors, employees and agents, and each of them from and against any and all liability, claims and damages resulting in any way from my youth participating in or otherwise being permitted to participate in the Leadership Conference. I understand that it is still my responsibility for the safety and health of my youth even though he/she may be a participant in the Youth Leadership Conference. I hereby authorize NSA and program sponsors, in the event of misconduct, emergency, accident or illness, to take whatever steps they deem necessary or appropriate, including the obtaining of medical or emergency treatment for my youth. In the event of misconduct, I understand my youth may be removed and not allowed to further participate in the program. Any costs incurred as a result of misconduct, emergency or illness shall be paid or reimbursed by me. Furthermore, **I understand that it is my responsibility to pick up my youth from the program.** NSA is authorized to allow my youth to come or go from the program as requested by me. If my youth is to be picked up and no one arrives, NSA is authorized to take whatever action you deem necessary and appropriate in consultation with my youth.

**I understand that I must attend the Parent/Youth Orientation on Saturday afternoon, July 23, with my youth in order for him/her to participate in this program. This is required regardless of how many years my youth has been attending the NSA Youth Leadership Conference.**

Print Parent/Guardian Name: \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Youth Name: \_\_\_\_\_ Youth Attendee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION, SIGN AND RETURN BOTH PAGES WITH FRONT AND BACK COPIES OF INSURANCE CARD, PAYMENT AND YOUTH REGISTRATION FORM NO LATER THAN JUNE 6, 2016 TO:**

**NSA YOUTH LEADERSHIP CONFERENCE | 1500 S PRIEST DR | TEMPE, AZ 85281 | PHONE: (480) 968-2552 | FAX: (480) 968-0911**



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## Emergency Medical Consent and History

*Please complete and sign a medical consent form for each youth registrant*

**Purpose:** To enable parents/guardians to authorize the provision of emergency treatment for youth who become ill or injured while attending the 2016 NSA Youth Leadership Conference when parents/guardians cannot be reached.

Youth's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### Part I – Emergency Contact Information

Mother's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Legal Guardian's Name (if applicable): \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Name of adult attending Conference with youth: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Youth's relationship to this adult: \_\_\_\_\_  
Hotel youth and adult are staying at: ☐ JW Marriott Phoenix Desert Ridge ☐ Other: \_\_\_\_\_

### Part II – Consent for Emergency Medical Treatment

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, hereby give my permission for any/all emergency treatment deemed necessary by a licensed practitioner on my child during the period of time specified below. This consent is valid from July 23, 2016 – July 26, 2016.

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any/all treatment deemed necessary by a licensed practitioner. I authorize the transportation of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of one other physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Special instructions regarding child's medical treatment: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part III – Youth's Medical History

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last Tetanus injection: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Are there any current medical or emotional issues we should be aware of? \_\_\_\_\_

How should we handle these situations? \_\_\_\_\_

Are there any food, drug or other allergies we should be aware of not already listed above? \_\_\_\_\_

What should be done if these foods are consumed? \_\_\_\_\_

What medications are being used at this time? \_\_\_\_\_

What should we be aware of in regard to these medications? \_\_\_\_\_

My child is allowed to take the following medications without my permission (i.e. Aspirin, Advil, Midol, etc.): \_\_\_\_\_

Have there been any recent illnesses or injuries? \_\_\_\_\_

What should we be aware of in regard to these illnesses or injuries? \_\_\_\_\_