



YMCA Youth Conference on National Affairs

www.ymcacona.org

July 3-8, 2010

Type or Print Please

Delegate Application

Pennsylvania Delegation

Preferred First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (_____) _____ Email: _____

Circle Grade (prior to conference): 10 11 12 Date of Birth: ____/____/19____ Gender: M F
(Must be a 10th, 11th, or 12th grade student for the school year completed prior to conference.)

_____ **YES! I would like my information printed in the Conference directory.**
Initial

Circle one: This is my 1st 2nd 3rd 4th time attending the National Affairs Conference.

What is your proposal topic? _____

(Check against the banned topics list at www.ymcacona.org. Submitting a proposal on the banned topics list will prevent your delegation from being a Premiere Delegation. Only one person per proposal topic per delegation.)

Delegate signature: _____ Date: _____

Parent Information/Approval

In consideration for my child or ward being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

1. I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.
2. I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releasees") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
3. I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost they may incur due to my child's or ward's presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity.

In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.

I further understand that if my child or ward fails to abide by the rules and regulations of the YMCA, he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's or ward's image or voice for the purpose of promoting or interpreting YMCA programs and activities.

I, as a parent or guardian of the above named minor, hereby give my permission for my child or ward to use the facilities and services of the YMCA and to participate in the programs and activities offered by the YMCA.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

Parent's or Guardian's Signature: _____ **Date:** _____

Print Name _____ Daytime Phone #: (_____) _____
Other Phone #: (_____) _____

**YOUTH AND GOVERNMENT
CONFERENCE OF NATIONAL AFFAIRS
July 3-8, 2010**

Delegation _____

CONA Proposal Topic (what issue will you address at CONA?) _____

Returning CONA Delegates: Your Proposal must be COMPLETED before Model Convention!

Please list the offices/positions that you have held within your club or at the State Wide Level.

OFFICE _____	YEAR _____	State ____	Club ____
OFFICE _____	YEAR _____	State ____	Club ____
OFFICE _____	YEAR _____	State ____	Club ____
OFFICE _____	YEAR _____	State ____	Club ____

Please list the bills that you have sponsored/written (please circle those that apply)

BILL TITLE _____	YEAR _____	sponsored	authored	co-sponsored
BILL TITLE _____	YEAR _____	sponsored	authored	co-sponsored

Please describe your role in the selection of topics, research, and writing of bills in your delegation this year:

Please describe your level of participation in your delegation this year:

Please describe why you would like to attend the Conference of National Affairs.

Advisor's Recommendation:

Advisor's Signature _____ Date _____

Student's Signature _____ Date _____