

for LLC Chairperson to Complete

Rotary Contact: _____ Phone: _____

Rotary Club of: _____ Email: _____

Life Leadership Conference

June 19-22, 2013

Sponsored by Rotary Clubs of District 6290

Candidate Application

Candidates: Please complete entire form online, then print out; **THEN ADD REQUIRED SIGNATURES** WHERE INDICATED ON PAGES **2 & 4**, and **return THE HARD COPY** to your Rotary contact person as soon as possible. **There are FOUR PAGES to this application. START HERE:**

Male Female

Last Name First Name Nickname

Address _____
Street City State Zip Code

Birth Date _____
Shirt Size Please Select Your Size S M L XL
International Student Country _____

Phone _____ Email _____

Grade **completed** June 2013

High School, University, College presently attending _____

Parent/Guardian: _____
Last Name First Name

Parent/Guardian Address: (if different) _____
Street City State Zip Code

Parent/Guardian Phone: _____
Home Work Emergency

I will need time off from work in order to participate: Yes No

Employer's Name: _____ Phone Number: _____

The conference is held at Kettunen Center, Tustin, Michigan

I will need transportation assistance to the conference: Yes No

Please supplement this application with a short autobiographical sketch on a separate sheet of paper, giving pertinent information about yourself; tell us briefly about your family, your concerns, and goals. Elaborate on school and community activities.

Activities, Interests, Awards:

1. Class Officer _____
List Office(s) _____

2. Athletics _____
List sports you have participated in _____

3. Student Council _____
List office(s) held _____

4. Public Speaking Activities _____

5. School Plays/Musicals _____

6. Other Activities, e.g. Scouts, Youth Group, Volunteer, Employment _____

7. Instrumental/Vocal Groups: What instrument do you play? Have you performed solo? Explain.

8. List any Awards/Honors you have received _____

Remember to attach your supplementary essay and Health Form to this application.

If accepted, I agree to be in attendance for the entire conference from 1:00 p.m. June 19, 2013 through 3:00 p.m. June 22, 2013. If I fail to attend, I will reimburse the sponsoring Rotary Club the tuition cost of \$350.00 (\$250.00 for international students) paid on my behalf. My signature below verifies that I understand and accept this policy.

Signature **(please print out form and sign)**

Health Record

2013 Life Leadership Conference

To be completed by parent or guardian:

Candidate's Name _____
Last Name, First (full name)

Address _____
Street Address, City, State, Zip Code

Phone _____ Birth date _____ Male/Female _____

Parent/Guardian's Name _____
Last, First

Home Phone _____ Father's Work Phone _____ Mother's Work Phone _____

Contact if Parent can't be reached _____
Last, First

Home Phone _____ Work or Cell Phone _____ Relationship _____

Does your son or daughter have

1. Hay fever, asthma, wheezing, or shortness of breath? Yes No

2. Convulsions or seizures (epilepsy)? Yes No

3. Heart trouble (rheumatic fever, murmur)? Yes No

4. Diabetes? Yes No

5. Explain "yes" answers and/or list other conditions _____

Please describe any:

Lingering effects from operations or injuries: _____

Emotional or behavioral disturbances: _____

Other special conditions to watch for: _____

Should candidate's activity be restricted due to physical defect or illness? Yes No

Explain degree of restriction: _____

Medications (including psychiatric)

Drug Name	Purpose	Frequency	Dosage	Currently Taking	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date (year is sufficient) of Last Tetanus Shot _____

Medical Emergency Authorization:

LLC staff will make every effort to contact the parent first, should an accident occur. In an emergency, I hereby give permission to the licensed physician selected by Life Leadership Conference to hospitalize, secure proper treatment, anesthesia or surgery for my son/daughter named on this form.

Parent/Guardian Signature **(please print out and sign)**

Date

I certify that the information given in this form is true to the best of my knowledge:

Parent/Guardian Signature **(please print out and sign)**

Date

Print Form

Please complete this form online by typing in your answers to each field. Print out your completed form and submit it to your Life Leadership Rotarian contact. Thank you for typing this form!