

Student Registration

2010 Ohio Youth in Government

Please Type or Print

Delegation _____ School _____

Name _____ Sex: ___ Male ___ Female

Address _____ County _____
First Middle Last

City _____ State _____ Zip _____

Phone () _____ Email Address _____ HI-Y _____

Years of Past Y/G Participation 0 1 2 3 4 Year of Grad. 2010 2011 2012 2013 2014

Circle Your Category
Legislative Judicial Officer Lobbyist Press Page

My registration certifies that I have read, understand and will support the Code of Conduct.

FINAL FEE (See Appendix – Calendar/Overview)

Please check one category:

(A) ___ \$ 704 I am not seeking a scholarship from the Ohio – West Virginia YMCA.

(B) ___ \$ 175* Scholarship Rate earned because my entire **affiliated** delegation has met the postmark January 28 deadline for **all** our materials and fees.

(A) ___ \$ 200* Scholarship Rate earned because my entire delegation has met the postmark January 28 deadline for **all** our materials and fees but is **unaffiliated** with the Ohio – West Virginia YMCA.

***I have already paid my \$75 Student Participation Agreement Fee.**

LATE FEE of \$25 per registration is to be paid with your Final Fee
If you submit any of your materials, registrations, or Final Fees after January 28.

Send completed Advisor Registration and Final Fee to:
Youth in Government

P.O. Box 239 Point Pleasant, WV 25550

Please send one check for your entire delegation payable to: Ohio – West Virginia YMCA

PARENT AGREEMENT

I support my son/daughter's application and participation in this program. I authorize the Ohio-West Virginia YMCA to have and use photographs, slides, or video tapes of the person named on this application as may be needed for its records or public relations programs.

I give permission to the medical personnel selected by the Director (or his designate) to order X-rays, routine tests, treatment; to release any records necessary for insurance purposed; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director to secure and administer treatment, including hospitalization, for the person named above.

Signature of Parent/Guardian _____ Date _____

Please print name of Parent/Guardian _____

PLEASE SEE CANCELLATION/REFUND POLICY ON NEXT PAGE

For office use only

Date Received _____ Entered _____ Number _____ Affiliated Yes No

Serving Committee # _____ Seat # _____ Circle

Circle One: Senate House Bill # _____ Committee Hearing # _____

Cancellations and Refund Policy

The best laid plans can go awry. However, a program costing this YMCA \$704 a person and offering significantly lower scholarship fees has no flexibility to provide refunds. Therefore, our **policy is NOT to provide refunds** for the Participation Agreement or the Final Fee. Actually the person cancelling should reimburse the program for the costs the program has incurred on their behalf by paying the scholarship received back to the program. The program does not permit delegations to send a replacement. Please note and add –

1. Delegations who want to provide refunds need to set aside money to provide refunds to their students.
2. Delegations **do not refer parents to the YG Office with billing or refund questions. Handle these questions locally.**
3. After a delegation is registered, it is responsible for the entire payment for that number of student and adult delegates.
4. Remember, **No Refunds from the HI-Y Leadership Center** so do not ask nor have others call to ask.