

NO YOUNG LEADERS' COUNCIL

First Name _____ Middle _____ Last Name _____

Address _____ Town _____ State _____ Zip _____

Phone Number _____ E-mail _____

Age _____ Date of Birth _____ Gender Female Male

Race/Ethnicity: American Indian Asian/Pacific Islander Black
 Hispanic White

Are you in school/GED program? School GED Neither

Name of School/GED Program: _____

Highest grade you have completed? _____ (write "GED" if you have one)

Employed? Full-time Part-time Never been employed Unemployed
 Self-employed (part-time) Self-employed (full-time) Odd jobs

Found the Council through: Newspaper Poster Radio Television
 Friend Family School YES Staff YES Alumni Other _____

Emergency Contact Name _____ Phone Number (____) _____

Physician Name _____ Phone Number (____) _____

Insurance Company _____ Policy Number _____

Social Security No. _____

Allergies to any foods, insects, plants, or medications? Yes No

If yes, please identify _____

Have you had an injury recently that required medical attention? Yes No

If yes, please explain _____

Why do you want to participate in the Council? _____

PROGRAM FEES... is free, but our funders require us to collect information about participants' household income status:

- Circle the number of people who live in your household.
- Circle the income level that most closely matches your household size.

Household size	1 person	2	3	4	5	6	7	8
Income Level 1	17,700	20,200	22,750	25,250	27,250	29,300	31,300	33,350
Income Level 2	28,300	32,300	36,350	40,400	43,650	46,850	50,100	53,350
Income Level 3	45,200	51,600	58,100	64,500	69,800	74,900	80,100	85,300
Income Level 4	72,300	82,500	92,900	103,100	111,600	119,800	128,100	136,400

CONSENT | LIABILITY WAIVER | MEDIA RELEASE

I hereby grant permission for me/my child to participate in any and all program activities. I accept that times and places of these classes, field trips, and activities may vary and/or be flexible. I grant permission to the staff and to any other adult, volunteer or otherwise, who is acting as a chaperone and/or resource person in connection with activities organized by said staff, to administer any emergency first aid treatment that me/my child may require. Furthermore, I grant permission to the foregoing persons to select a hospital and/or physician for me/my child to secure any emergency medical treatment that I/my child may require.

Disclosure: This program involves a variety of activities. There is risk that must be assumed by each participant that s/he or he may suffer an emotional or physical injury as a result of his/her participation. The level of participation in these activities is, at all times, completely up to the participant. However, I also understand that if I/my child cannot control my/his/her behavior, the staff will exercise whatever non-violent means necessary to control the situation to insure the safety of me/my child and all other program participants. I accept responsibility for requesting and understanding the particular details involved with these activities.

Release of Liability: I understand elements of the program may be physically or emotionally demanding. I affirm that my/my child's health is good, and that I/my child am/is not under a physician's care for any undisclosed conditions that bears upon my/my child's fitness to participate in program activities. I recognize the inherent risk of injury or disability in program activities. I understand that each participant must assume the risk of emotional or physical injury that could result from these activities. I release Young Entrepreneurs Society, Inc. and its partnering agencies, employees, volunteers, vendors, and boards of directors from any and all liability for any injury to me/my child resulting from my/his/her participation in YES program activities.

Media Release: I also provide permission for the Young Entrepreneurs Society, Inc. (YES) to use, reproduce, electronically publish and display my/my child's name, photograph, and any information provided by me/my son/daughter/ward in all media including, but not limited to, newspapers, magazines, television, radio, and internet web sites. I understand that this media will be accessible throughout the world and that stories including me/my son/daughter/ward may appear in written, video and electronic form. I understand that information provided by me/my child/ward will be used to promote YES and entrepreneurship generally. I release YES and their agents and employees from any claims of infringement, invasion of privacy, defamation or misappropriation arising from the use of the information provided by me/my son/daughter/ward in the permitted manner. I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. I have read, understood, and agree to all of the provisions contained in this application.

Applicant Signature _____

Parent or Guardian Signature _____

Date _____

RETURN APPLICATION TO:

YES BizCenter, 26 South Main Street, Orange, MA 01364

YES, Inc. does not discriminate. All applicants receive consideration for participation without regard to race, color, religion, sex, age, sexual orientation, handicap or national origin.