

## Student Registration Form 2010 West Virginia Youth in Government

Please Type or Print

Delegation \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Sex: \_\_\_ Male \_\_\_ Female  
First Middle Last

Address \_\_\_\_\_ County \_\_\_\_\_

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

Circle Your Category

Legislative    Judicial    Executive    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) ___ \$ | 575  | I am not seeking a scholarship from the Ohio – West Virginia YMCA.   |
| (B) ___ \$ | 175* | Scholarship Rate earned because my entire <b>affiliated</b> delegation has met the postmark <u>January 28</u> deadline for <b>all</b> our materials and fees.                                      |
| (A) ___ \$ | 200* | Scholarship Rate earned because my entire delegation has met the postmark January 28 deadline for <b>all</b> our materials and fees but is <b>unaffiliated</b> 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 February 10.

Send completed Student 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 purposes; 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 (Students)**

The best laid plans can go awry. However, a program costing this YMCA \$507 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.