



Dear Ambassador,

Congratulations! You have been selected to represent your high school at the Hugh O'Brian Youth Leadership (HOBY) Seminar. You were chosen because of the outstanding leadership potential you have demonstrated in school and community activities.

The North Florida HOBY Leadership Seminar will take place May 14th -17th, 2009. The event will be held in Tallahassee, Florida with more than 90 sophomores in attendance. During the weekend, you will join other "HOBY Ambassadors" from across North Florida to enjoy a unique learning experience. We will present multiple viewpoints on important issues and encourage you to think critically about leadership, and also begin to identify your own particular leadership strengths. The seminar will be an enjoyable experience in a stimulating workshop environment. What you get out of the seminar will correlate directly with your level of participation in the activities – come prepared to interact!

Enclosed, please find the HOBY pre-seminar materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent or guardian. Please return the following forms to me by **May 1, 2009**:

1. **Participant Confirmation Form**
2. **Medical History Records Form (2 pages)**
3. **Health Insurance Form**
4. **Consent & Acknowledgment of Risk Form - *MUST BE NOTORIALIZED***
5. **Notice of Privacy Practices**
6. **HOBY Ambassador Rules and Regulations**
7. **Participation Commitment Form**
8. **Closing Banquet RSVP**
9. **Registration and Biographical Information Sheet**

If you will be bringing medication with you, you must also complete the **Medication Verification Form for Physicians** and **bring it with you to the registration table on the first day of the seminar.**

If you have any questions or if you find you will not be able to attend the seminar, please contact me at (850) 541-6954. Should you have any problems while en route to the seminar, please call and let me know. We are delighted to offer you this opportunity and look forward to greeting you personally at the North Florida HOBY Leadership Seminar.

Sincerely,
Steven Hall
North Florida HOBY
Leadership Seminar Chair
850-541-6954
StevenLHall@gmail.com

10880 Wilshire Boulevard - Suite 410
Los Angeles, CA 90024

310 474 4370
(f) 310 475 5426

www.hoby.org





Please return this form by May 1, 2009 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO Box 168
Tallahassee, FL 32303
Form 1 of 10

Participant Confirmation Form
(Please type or print legibly)

Mr. [] / Ms. [] (Last name) (First name)

Preferred name for nametag: Gender: [] Male [] Female

Date of Birth: / / Social Security # (last 4 digits only):

Address:

City: State: Zip code:

Home Telephone Number: () Area Code Email:

High School You Will Represent:

T-Shirt Size: [] S / [] M / [] L / [] XL / [] XXL / [] XXXL

Newspaper Name: City:

Travel Information

Participant will arrive at the HOBY Leadership Seminar by: [] CAR [] BUS [] TRAIN [] PLANE

If traveling by car, participant will be driven by (name of driver):

Cell phone number: () Area Code OR Participant will be driving him/herself to the seminar.

Note: Participants that drive themselves to the seminar are required to surrender their car keys upon arrival; they will be returned at the conclusion of the seminar.

Parents: HOBY strongly discourages students from driving themselves to and from the seminar; students are typically very tired by the end of the weekend.

If traveling by bus, train, or plane - Name of Carrier:

Bus/Train/Flight Number: Arrival Date: Arrival Time: AM / PM

How will student be transported between bus/airport/train station and seminar facility?

If departure plans are different, please explain:

If departing by bus, train, or plane - Name of Carrier:

Bus/Train/Flight Number: Departure Date: Departure Time: AM / PM

I UNDERSTAND THAT ALL TRANSPORTATION TO AND FROM THE SEMINAR FACILITY IS MY RESPONSIBILITY. THIS INCLUDES RESPONSIBILITY FOR MY SON OR DAUGHTER DURING ANY CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

[X] Signature of Parent/Legal Guardian: Date:



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 1700 North Monroe Street
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 Form 2 of 10

Medical History Records Form (2 pages)

(Please type or print legibly)

Dear Participant:

For our records, and for your protection, please have your parent or legal guardian complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian.

PARTICIPANT PERSONAL INFORMATION

Last name	First name	Middle initial
Gender	Date of birth	Place of birth
(Area code) Telephone number	High school/Institution participant represents	
Participant's permanent street address		
City	State	Zip code

EMERGENCY CONTACT INFORMATION

Last name	First name	Relationship to participant
(Area code) Primary telephone number	(Area code) Secondary telephone number	
Name of family physician	(Area code) Physician telephone number	

PARTICIPANT PERSONAL MEDICAL HISTORY

Please check the following diseases the participant has had in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | |

Check the following conditions the participant has had or are subject to now:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Nose Bleed |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Difficulty Sleeping |
| <input type="checkbox"/> Bleeding tendencies | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Upset stomache |
| <input type="checkbox"/> Emphysema/ Bronchitis | <input type="checkbox"/> Headache | <input type="checkbox"/> Vision Loss |
| <input type="checkbox"/> Congestive Heart Failure | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraine | |

What treatments or medications (if any) does the participant require for any of the above conditions? _____

Has the participant ever been hospitalized or had serious illnesses? If so, please explain in detail; use additional sheet if necessary. _____

If there are any limitations on the amount of physical exercise the participant can engage in, please describe and explain (use additional sheet of paper if necessary): _____

Please list all allergies (insect stings, plants, foods, etc.) and any dietary needs or restrictions, including vegetarianism. _____



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Medical History Records Form (page 2)

MEDICATION: Please list any medications the participant has allergic reactions to (penicillin, sulfa drugs, tetanus antioxin, etc.) and what the reaction is:

Please list any prescription medications the participant is taking, including: (1) name and type of medication; (2) condition for which medication is being prescribed; and (3) dosage information. Please also list any non-prescription medication the participant takes regularly. **Please read HOBY's Policy for Use of Medication During a HOBY Event and have the participant bring a doctor's note or completed Medication Verification Form for Physicians to the seminar.** By signing this form, you attest that the use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Please mark the below over-the-counter medications that you approve to be administered to your child by HOBY:

- | | |
|---|---|
| <input type="checkbox"/> ibuprofen (such as Advil, Motrin) | <input type="checkbox"/> decongestant (please specify if a specific decongestant is necessary: _____) |
| <input type="checkbox"/> acetaminophen (such as Tylenol) | <input type="checkbox"/> antibiotic ointment (such as Neosporin, Polysporin, Bacitracin) |
| <input type="checkbox"/> diphenhydramine (such as Benadryl) | <input type="checkbox"/> eye drops (such as artificial tears or saline) |
| <input type="checkbox"/> naproxen (such as Aleve) | <input type="checkbox"/> Gas-X |
| <input type="checkbox"/> throat lozenges | <input type="checkbox"/> other (please specify: _____) |
| <input type="checkbox"/> Pepto Bismol | |
| <input type="checkbox"/> loperamide (such as Imodium) | |

IMMUNIZATIONS

Please list the type of illness the participant has received immunizations for:

Type of Illness:	Approximate Date(s) of Immunization:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> DPT (Diphtheria, Pertussis, Tetanus)	
<input type="checkbox"/> Tetanus booster (Please indicate date of last booster)	
<input type="checkbox"/> Hib (Haemophilus influenzae type B)	
<input type="checkbox"/> Polio	
<input type="checkbox"/> MMR (Measels, Mumps, Rubella)	
<input type="checkbox"/> Chicken pox (Varicella)	
<input type="checkbox"/> Influenza (Flu shot)	
<input type="checkbox"/> Pneumonia (Pneumococcal)	
<input type="checkbox"/> Meningitis (Meningococcal)	
<input type="checkbox"/> Smallpox	
<input type="checkbox"/> Typhoid	

I verify that all information provided in this Medical History Records Form is complete and accurate.

I hereby give my permission to HOBY to store the above prescription medication listed to my child. I understand and have discussed with my child that it is the responsibility of my child to take the medication as directed by his or her physician while at a HOBY event. I also give permission for HOBY to administer over-the-counter medications that I have approved above that may be necessary to treat minor conditions. I understand that if HOBY deems necessary, they will take my child to a hospital or other medical facility for more intensive treatment. I understand that all HOBY staff, volunteers and HOBY, as an organization, are not liable for any adverse affects that may occur due to this medication and they are not liable in the possibility that a child misses a prescribed dose or in the event the medication is administered incorrectly. I also state that all the above information is complete and accurate and any misapplication of medication due to inaccurate, incomplete, or unreadable information is not the responsibility of HOBY. I also understand that the HOBY staff, volunteers and HOBY, as an organization, are not responsible if my child fails to present themselves at the announced places/times to take the above specified medication.

Signature of Parent/Legal Guardian: _____ Date: _____
 Signature of Participant: _____ Date: _____



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Policy for Use of Medication During a HOBY Event

If a minor or adult participant is required to take medication during a HOBY event, including the HOBY Leadership Seminar, he/she must comply with the following guidelines:

1. HOBY volunteers will not dispense prescription medication for participants during the event.
2. Any participant bringing prescription medication to the event must submit a doctor's note or completed Physician Medication Verification Form to HOBY, preferably in advance or at the event check-in, detailing the following:
 - a. The name and type of medication.
 - b. The condition for which the medication is being prescribed.
 - c. Dosage information.
 - d. Attestation that use of the medication will not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

This information is necessary to provide medical personnel in the case of emergency and the participant is unable to communicate the information. All prescription medication must be submitted to HOBY in its original container as labeled by the pharmacy. HOBY will store required medications in a locked facility. The medications a participant may be allowed to keep in his/her possession is any asthma medications (inhalers, oral steroids, etc.), birth control pills, acne medication, any topical medications, allergy medications, medications for treatment of diabetes (insulin, etc.) and EpiPens, as well as any other prescription medication required by the doctor to be in their possession at all times. But there will need to be a doctor's note completed and on file for all medication brought to the event, whether stored or not.

If a participant fails to advise HOBY that he/she is taking prescription medication, is not taking the medication as prescribed, and/or has stopped taking prescription medication, HOBY reserves the right to send the participant home at the participant's guardian or parent's expense.

3. If the participant has a medical condition that requires any assistance, the assistance must be provided or contracted directly by the participant or his/her parent/guardian. Under no circumstances will a HOBY volunteer help with dispensing medication. If help is needed on an emergency basis, emergency personnel will be contacted.
4. Proper administration and dosage of medication shall be the sole responsibility of the participant. HOBY will have no responsibility in seeing that the participant takes the medication as prescribed by the doctor.
5. Participants should only bring as much medication as will reasonably be needed during the event.
6. Participants are prohibited from sharing their personal medication with another participant. Conversely, participants are prohibited from accepting medication from anyone, other than HOBY medical staff.
7. Any participant bringing illegal drugs, narcotics, misused prescription drugs and/or mood altering substances or alcoholic beverages to a HOBY event, using them on HOBY premises or dispensing or selling them on HOBY premises will be subject to disciplinary action, including automatic expulsion from the event. The discharged participant will be responsible for any charges/fees incurred as a result of leaving the event early (i.e. change in airfare, taxi, etc.). HOBY has a very strict/no-tolerance policy when it comes to drugs.



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Medication Verification Form for Physicians

(Please type or print legibly)

(This form is to be completed by the participant's prescribing physician. If the participant has more than one prescribing physician, then each physician will need to complete a form. Please type or print legibly.)

1. Name of Participant/Patient: _____
2. Prescribing Physician Name: _____
3. Prescribing Physician Medical License Number and State where licensed: _____
4. Please complete the chart below for the medications which you have prescribed to the participant.

Name of Medication	Type of Medication	Condition for Treatment	Dosage	Frequency

5. Please affix physician's business card or voided prescription in the space below.

As the prescribing physician, I attest that the use of the medications prescribed by me, and taken as directed as listed above, should not impair the participant's ability to care for his/her own safety or the safety of others; increase the risk of harm to others; or cause dizziness and/or fatigue.

Signature of Prescribing Physician: _____ Date: _____



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Form 4 of 10

Health Insurance Form

(Please type or print legibly)

1. Name of Participant: _____
2. Health insurance plan name: _____
3. Health insurance plan number: _____
4. Health insurance group number: _____
5. Check here if participant is not covered by a health insurance plan.
6. Name of parent or legal guardian: _____
(Last) (First)
7. Emergency contact telephone number: _____
(Area Code)

Signature of Parent/Legal Guardian: _____ Date: _____



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Form 5 of 10

Consent & Acknowledgement of Risk Form
(Please type or print legibly)

Participant's Name: _____

Event/Activities: North Florida HOBY Leadership Seminar _____

Dates: May 14th - May 17th, 2009 Location: Studio Green Residence Hall and other Tallahassee, Florida locations

IN CONSIDERATION of the right to attend and participate in the Activities described above, the Participant (and, if the Participant is a minor, his or her parent or legal guardian) hereby:

- 1) Agrees to abide by all rules and regulations established by Hugh O'Brian Youth Leadership (HOBY);
2) Authorizes HOBY or any of its agents to provide, obtain, or authorize any reasonable incidental and/or emergency medical treatment for the Participant, in the event of the Participant's illness, injury, or incapacity, and hereby accepts the responsibility to pay for such treatment;
3) Grants to HOBY for any purpose connected with promoting the purposes and goals of HOBY, but not for commercial exploitation, the right to use the Participant's name, voice, and likeness in any writings, photographs, films, and recordings of the Participant while he or she is participating in the Activities, and any biographical information submitted by the Participant to HOBY, and to use, reproduce, publish, and distribute the same;
4) Acknowledges that there is an element of risk involved in any activity involving travel outside of one's own home or community; certifies that the Participant is physically, mentally, and emotionally capable of attending and participating in the Activities; assumes all risk of and financial responsibility for any loss or injury to the Participant or others that may occur as a result of the Participant's negligence or misconduct; and indemnifies and holds HOBY harmless from and against any and all costs, claims, demands, charges, liabilities, obligations, judgments, executions, costs of the suit and actual attorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negligence or misconduct;
5) Agrees to immediately advise in writing the person in charge of the HOBY event and/or HOBY International of any injury, illness, or loss that occurs to the Participant during the event;
6) This Consent and Acknowledgment of Risk shall not be amended, supplemented, or abrogated without the written consent of HOBY's International Office in Los Angeles, California;
7) The Participant (and, if the participant is a minor, his or her parent or legal guardian) has read this Consent and Acknowledgment of Risk, and understands its contents.

Signature of Participant: _____ Date: _____

IF PARTICIPANT IS A MINOR, SIGNATURE OF HIS OR HER PARENT/LEGAL GUARDIAN IS REQUIRED:

Name of Parent/Legal Guardian: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Signature of Parent/Legal Guardian: _____ Date: _____

TO BE NOTARIZED

STATE OF _____ COUNTY OF _____

On _____ before me the undersigned, a Notary Public in and for said _____ State, personally appeared _____, personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged that executed the same.

WITNESS my hand and official seal.

Signature: _____ Name: _____



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Form 6 of 10

Notice of Privacy Practices

WE PROVIDE THIS NOTICE TO DESCRIBE HOW MEDICAL INFORMATION ABOUT YOUR CHILD OR DEPENDENT MAY BE USED AND DISCLOSED. PLEASE REVIEW THE BELOW INFORMATION CAREFULLY AND IF YOU AGREE, PLEASE EXECUTE THE ATTACHED AUTHORIZATION.

We understand the importance of privacy and are committed to maintaining the confidentiality of your child or dependent's medical information. We may preserve the medical disclosure information ("medical information") concerning your child or dependent provided by you to HOBY for up to seven years.

A. How HOBY May Use Or Disclose Your Child Or Dependent's Medical Information

HOBY collects health information about your minor child or dependent and stores it in a file and on a computer. These files are the property of HOBY, but the information belongs to you and your child or dependent.

- 1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider...
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers...
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers...
4. Limited Disclosure. We will limit the use and disclose of medical information about your child or dependent as detailed below.

B. When HOBY May Not Use Or Disclose Medical Information

Except as described in this Notice of Privacy Practices, HOBY will not use or disclose health information which identifies your child or dependent without your written authorization.

C. Your Health Information Rights

- 1. Request for Special Privacy Protections. You have the right to request restrictions on certain uses and disclosures of your health information...
2. Copy of Notice. You have a right to a paper copy of this Notice of Privacy Practices.

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Hugh O'Brian Youth Leadership at (310) 474-4370.

D. Changes to this Notice of Privacy Practices

We reserve the right to amend this Notice of Privacy Practices at any time in the future. Until such amendment is made, we are required by law to comply with this Notice.

E. Questions or Complaints

Questions or complaints about this Notice of Privacy or how HOBY maintains the medical information of your child or dependent should be directed to Hugh O'Brian Youth Leadership at (310) 474-4370.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I received a copy of the Notice of Privacy Practices.

Signature of Parent/Legal Guardian: Date:

Name of Participant:



Please return this form by May 1, 2009 to:
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HOBY AMBASSADOR RULES AND REGULATIONS

So that this seminar may be conducted as smoothly and efficiently as possible, we ask that you observe the following rules. Any participant who does not abide by these rules and regulations will be dismissed from further participation. Your parents will be notified immediately of any violation of the Rules and Regulations, and they will be instructed to have you removed from the facility. Your school will also be notified of your dismissal from the program.

1. **YOU MUST MAKE A COMMITMENT TO STAY FOR THE ENTIRE SEMINAR, INCLUDING OVERNIGHT.** If you have a scheduling problem, we strongly suggest offering the weekend to your school's alternate.
2. You are expected to be on time for all seminar functions and attend all scheduled activities, including meals.
3. You must wear your HOBY nametag at all seminar functions.
4. No outside guests are allowed in or around the seminar facility except for closing ceremonies.
5. You must stay within your assigned group during sessions. If you must leave a session, gain permission from your group facilitator and wait for an adult staff member to escort you. No ambassador is to leave the facility except for scheduled seminar events.
6. Room visitation by members of the opposite sex is not permitted.
7. No smoking, no drinking of alcoholic beverages and no unauthorized drug use is permitted.
8. Any ambassador who has a medical problem that requires special care, treatment or medication must inform his or her group facilitator.
9. In case of emergency, contact your group facilitator or come directly to the Operations Room. There are chaperones and facilitators available 24 hours a day and they can be contacted at any time.
10. Lock your room door at all times, whether you are in it or not. Notify the security staff on-duty immediately if you need assistance.
11. Use the "Buddy System" when moving throughout the facility without your facilitator.
12. Ambassadors are not permitted to use the telephone in their rooms for outside calls. For all outside calls, use public pay phones in the hotel/dorm lobby.
13. Payment for any extra charges billed to a room (i.e., lost keys, lost towels, movies, room service, etc.) will be the responsibility of all ambassadors assigned to that room.
14. Ambassadors are not allowed to make room changes. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
15. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
16. Respect the rights of other facility guests and enter only those rooms and floors in which seminar-related activities are being held. Keep noise to a minimum.
17. Refrain from entering the Operations Room, except in case of an emergency.
18. Personal electronic/communication devices (iPods, MP3 players, Cell phones, handheld video games, etc.) are not allowed to be used during scheduled seminar functions. HOBY strongly discourages participants from bringing these devices to the seminar, if you do bring these items to the seminar; they are your sole responsibility.
19. The following attire is not permitted at any time: strapless/tube tops, tops with spaghetti straps, tank tops, bare midriffs, exposure of undergarments, short shorts, mini skirts, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes.

I have read these rules and agree to follow them and any other instructions provided by the North Florida HOBY Staff.

Signature of Parent/Legal Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____



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Form 8 of 10

PARTICIPATION COMMITMENT FORM

PLEASE NOTE: YOUR REGISTRATION WILL NOT BE ACCEPTED WITHOUT THIS COMPLETED FORM

Every year at the last minute, a few would-be Ambassadors decide to withdraw from participation in HOBY Leadership Seminar for a variety of reasons. Unfortunately, many fail to let us know in a timely manner (if at all) and a replacement cannot be named. As a result, a truly deserving student misses out on a great opportunity.

Being selected to participate in the HOBY experience is a great honor. Colleges and universities throughout the country recognize it as a key indicator of leadership and success potential. For many of you, it will be the first time you'll be exposed to your real peer group. It's a great opportunity to discover who you are and how much potential you have as a leader.

The entire HOBY Leadership Seminar is a seamless event. Missing even the smallest part of the HOBY Leadership Seminar will detract from your HOBY experience. It is not fair to your school to send someone who cannot or will not attend the entire program. If for any reason you think you cannot join us for the entire program, someone else from your school deserves the opportunity to attend in your place.

For these reasons, we ask you to make a decision now that you will participate in this challenging, fun weekend, regardless of other distractions or activities which may conflict with (short of death or serious illness in the family or similar unforeseen adversity). Even if it means missing or postponing an activity or event, we expect you to join us for the entire program. **We cannot make exceptions. This includes early departures on Sunday.** Please notify your family, friends, teachers and coaches right now that you are already committed and booked for May 14-17 2009!

Please indicate your commitment to join us by signing below. We also ask that your parent or guardian read this commitment and sign it as well.

If we fail to hear from you, we will ask your school to immediately appoint an alternate Ambassador to take your place.

I have read the forgoing and agree to honor this commitment.

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____



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Form 9 of 10

2009 North Florida HOBY Closing Banquet Registration

Please accept this invitation to join us at **11:00 a.m. on Sunday May 17th, 2009 at the Tallahassee - Leon County Civic Center** for the 2009 North Florida HOBY Leadership Seminar's final expert panel entitled "The Road Ahead: Preparing for College." This year we will be joined by professionals to discuss various aspects of the college application process, including selection and scholarships.

Following our Education Panel, you are cordially invited to join us for our Closing Banquet which will begin at **12:00 p.m. on Sunday May 17th, 2009 at the Tallahassee - Leon County Civic Center**. Each year we like to end our HOBY Leadership Seminar by sharing a meal with our new HOBY family. The closing banquet will be a wonderful way for you to share in your student's experience at the 2009 North Florida HOBY Leadership Seminar.

Tickets are on sale now for \$20.00 each. This price helps us cover the expense for the ambassador's meals. If you would like to attend the Closing Banquet, please return this RSVP with payment to reserve your seats. Space is limited and seating will be reserved on a first come first served basis.

_____ Yes, I will attend the Parent's Orientation & Closing Banquet (\$20.00 per person)

_____ No, I will not be attending the Parent Banquet & Closing Ceremony

Parent/Guardian Name: _____

HOBY Ambassador's Name _____

Your HOBY Ambassador's meal will be paid for by our Sponsors. Please include your payment by check or money order payable to "North Florida HOBY."

Number attending Banquet # _____ x \$20.00 per person = \$ _____ (total amount enclosed)



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REGISTRATION AND BIOGRAPHICAL INFORMATION SHEET

Please type or print neatly in blue or black ink (no pencil, please):

Mr. Ms.

Last Name: First Name:

Home Address:

City/State/ZIP:

High School:

Home Phone: () (Note: List family phone, NOT personal or cell phone)

Your personal E-mail address: (Print Carefully - This is how we will keep in touch for future announcements)

Preferred Name for Nametag:

Emergency Contact Name:

Emergency Contact Number:

We would like to know about some of the things you do that illustrate why you are considered to be a leader. Please complete the following section by checking any and all school extracurricular activities in which you have participated since (and including) the 9th grade:

- 1. Student Council
2. Class Officer
3. NHS/NJHS
4. Honors/IB Program
5. Yearbook/School Newspaper
6. Math/Science/Engineering
7. 4-H/FFA/FHA
8. Band/Orchestra/Choir/Chorus
9. Speech/Debate
10. Boy/Girl Scouts
11. Church (or religious) youth group
12. Varsity/Jr. Varsity Sports
13. Art/Dance
14. Science Fair
15. Cheerleader
16. Volunteer Work/Charity Work
17. Drama/Theatre/Thespians
18. Foreign Language Club
19. Service Club (Key Club, Interact, etc.)
20. Other



Answers to Frequently Asked Questions

Where will the seminar be held? The seminar's headquarters is Studio Green Residence Hall, a dormitory near the Florida State University campus in Tallahassee, but we will be visiting several locations throughout Tallahassee. Studio Green is located at 700 North Woodward Ave, Tallahassee FL, 32304. When you arrive a HOBY volunteer will greet you and direct you to the registration area. Room assignments are made in advance by HOBY volunteers.

Who pays for the Leadership Seminar? Your school or parent has paid a \$150 Registration Fee and will provide transportation to and from the seminar. All costs for meals, lodging and training materials have been generously provided by sponsors including businesses, foundations, individuals, and service organizations wishing to support leadership education. The Florida Federation of Women's Clubs is a major sponsor of North Florida HOBY.

Do I need to bring any money? The ambassadors will have their meals and most other expenses provided by HOBY. However, there are several opportunities to purchase souvenirs from gift shops.

How do I contact my Ambassador? Several staff members will have cell phones available all weekend in case of an emergency. All ambassadors will be asked to leave their cell phones in their rooms during HOBY Leadership Seminar. **In case of an emergency, your parent should call Steven Hall at (850) 541-6954. The seminar is continuously chaperoned by qualified male and female counselors who stay at the facilities 24 hours a day.**

When and where do I check in? All seminar participants should arrive at Studio Green between 5:00 p.m. and 7:00 p.m. on Thursday, May 14, 2009 for registration. Please remember that Tallahassee is on Eastern Standard Time and plan to arrive on time accordingly.

May I come and go during the weekend? No. Period. Once you check in Thursday night, you must stay with the group until the program ends. If you feel you'll have problems meeting this requirement, please contact your school counselor right away and ask them to designate a replacement for you as soon as possible.

When will the program conclude? Participants may be picked up (at Studio Green only) at approximately 2:00 p.m. on Sunday. Parents are invited and encouraged to attend the closing ceremony banquet on Sunday, May 17th at the Tallahassee Civic Center. The cost will be \$20 a ticket for an exceptional lunch. Please arrive early—there will be nearly 300 people attending the banquet and seating will be limited. An RSVP form is enclosed in this package—we suggest you return it with your student's registration information. **For logistic and insurance reasons, ALL Ambassadors will return to Studio Green on assigned buses following the banquet. NO EXCEPTIONS.**

What are the accommodations like? Participants will be assigned to dorm rooms with four participants per room on floors reserved exclusively for the seminar. **Ambassadors are responsible for bringing their own pillows, blankets, towels, and toiletries.** (See the included suggested packing list.) Everyone will receive nutritious breakfasts, lunches, and dinners. We will be serving supper on Thursday evening. On the Medical History Records Form, please indicate any special dietary considerations, including vegetarianism, and we will do our best to accommodate you.

What kind of program is planned? During your HOBY Leadership Seminar experience, many dynamic leaders—all volunteers from the fields of business, education, government, religion and the professions—will

address many aspects of our changing world and the challenges future leaders will confront. The program will not promote any specific political party, business, religion or way of thinking, but it is designed to develop an awareness of present and future issues by actively involving seminar participants in discussions and informal debate on contemporary issues. You will have the opportunity to ask questions of the discussion leaders throughout the weekend, which leads to a fuller understanding of each issue and topic. The program includes outstanding speakers, entertainment and a special closing banquet to which your parents are invited.

How do I confirm my intent to participate? Complete the attached forms as indicated and mail them to North Florida HOBY, 1700 North Monroe Street, Suite 11, PO Box 168, Tallahassee, FL 32303. Please pay special attention to the directions and make sure all forms are properly signed and that the Consent & Acknowledgment of Risk form is properly notarized.

What if I need to take medication while I am at the seminar? Please provide information about your medication on the Medical History Records Form and bring the Physician Medication Verification Form with you to the seminar (documents are included in this packet). Make sure to read and comply with the "Policy for Use of Medication during a HOBY Event."

What clothes should I bring to the seminar? Dress is casual. T-shirts will be provided to the Ambassadors each day. Dress for the Sunday banquet is "Sunday dress up." (See the included suggested packing list.)

What about religious services? An optional non-denominational service will be available on Sunday morning for ambassadors that choose to attend.

Are we going to do anything fun? We have several opportunities for supervised down time including swimming in the residence hall pool. One of our big activities is the Talent Show. Participation in the talent show is voluntary, but if you have a talent that you would like to show off we want to see it. A CD player will be furnished for those who need it. Otherwise, bring your own musical instrument(s), props, costumes, etc.

What happens next? After you submit your registration forms, you will receive an e-mail confirming your registration.

Who may I contact should I have additional questions? Additional questions or concerns should be directed to Steven Hall the North Florida HOBY Leadership Seminar Chair at StevenLHall@gmail.com or (850) 541-6954.

Barter Barn

Barter Barn is a chance to put your negotiation skills to the test and to mix and mingle with other ambassadors

How does it work? Ambassadors should solicit promotional items from their school, local government, businesses, and events. During the Barter Barn, the ambassadors will be able to negotiate trades to see who can bring home the best ~~junk~~ items. Items that have been brought in previous years include (but are certainly not limited to): t-shirts, pens, pencils, mouse pads, stress balls, baseball caps, mugs, key chains, stuffed animals and magnets. Be creative, but please use good taste.



Suggested Packing List

- Bed linens – sheets (single/twin size) & blankets or sleeping bag
- Pillow(s)
- Bath Towels, Wash Cloths
- Personal Care - shampoo, soap, deodorant, toothbrush, toothpaste, etc.
- Hair dryer
- Clothing
 - Casual, comfortable clothing – shirts, shorts, jeans/long pants, etc.
 - **Note: Please be prepared to wear long pants on Friday for our session at the Florida Capitol.**
 - Appropriate Swimwear
 - Nice dress attire for Sunday
 - Ladies – skirts, dresses or dress pants
 - Men – dress pants, shirt and tie
 - Jacket, sweatshirt or other long sleeve shirts (it gets chilly in some of our meeting rooms)
- Shoes (No flip-flops). You will need closed toes shoes for the Capitol and Community Service Projects.
- Rain coat (this is Florida)
- Alarm clock
- Spending money (for souvenirs and HOBY merchandise)
- Camera
- Talent Show Accessories
- Barter Barn Items
- Driving Directions
- Good Attitude and an Open Mind

Prescription Medication:

If applicable, be sure to bring any prescription medication. Please bring only as much medication as will reasonably be needed during the HOBY event (4 days). Medication must be in its **original** container as labeled by the pharmacy. A Medication Verification Form for Physicians must be on file for all prescription medications. Please refer to the Policy for Use of Medication During a HOBY Event included in the pre-seminar materials for more information.

Check In:

Check in will start at 5:00 p.m. on May 14, 2009 and last until 7:00 p.m. Please make every effort to arrive during that time frame.

Questions:

Please contact Steven Hall via email at StevenLHall@gmail.com with any questions.