



Congratulations! You will represent your school at the North Florida Hugh O'Brien Youth (HOBY) Leadership Seminar because of the outstanding leadership potential you have demonstrated in school and community activities.

The North Florida HOBY Leadership Seminar will take place **Thursday June 9 – Sunday June 12, 2011 in Tallahassee**. During the HOBY weekend, you will join more than 100 "HOBY Ambassadors" from across North Florida to participate in a unique learning experience. HOBY volunteers will present multiple viewpoints on important issues, encourage you to think critically about leadership, and help you identify your leadership strengths through guest speakers and activities. Our volunteers have worked hard to ensure that the HOBY Seminar will be an enjoyable experience in a stimulating learning environment. What you learn from the Seminar will correlate directly with your level of participation in the activities, so come prepared to interact!

Enclosed, please find the North Florida HOBY pre-seminar registration materials and program details. Please ensure that you thoroughly review and complete all of the forms with your parent or guardian. Please return the indicated forms to **North Florida HOBY, 1700 North Monroe Street, Suite 11, Box 168, Tallahassee, FL 32303, by May 1, 2011:**

- FORM 1 OF 9 - Participant Confirmation Form
- FORM 2 OF 9 - Medical History Records Form (2 pages)
- FORM 3 OF 9 - Medication Verification Form for Physicians (*If applicable**)
- FORM 4 OF 9 - Health Insurance Form
- FORM 5 OF 9 - Consent & Acknowledgment of Risk Form - *MUST BE NOTORIALIZED*
- FORM 6 OF 9 - Notice of Privacy Practices
- FORM 7 OF 9 - HOBY Ambassador Rules and Regulations
- FORM 8 OF 9 - Policy for Use of Medication during a HOBY Event
- FORM 9 OF 9 - Participation Commitment Form

*If you will be bringing medication with you, you must also complete the **FORM 3 OF 9 Medication Verification Form for Physicians** and bring it with you to registration on the first day of the seminar.

For more information (including a suggested packing list) see the enclosed document entitled **Answers to Frequently Asked Questions**. If you still have questions or if you find you will not be able to attend the seminar, please contact me by email at **NorthFloridaHOBY@Gmail.com**. 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
NorthFloridaHOBY@Gmail.com



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

Participant Confirmation Form

(Please type or print legibly)

Mr. / Ms. _____
(Last name) (First name)

Preferred Name for Nametag: _____

Date of Birth: _____ / _____ / _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip code: _____

Participant Email: _____
(Print Carefully - This is how we will keep in touch for future announcements)

Home Telephone Number: (_____) _____ Cell Phone Number: (_____) _____
Area Code Area Code

Emergency Contact: _____ Emergency Contact Number: (_____) _____
Area Code

High School You Will Represent: _____

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

Newspaper Name: _____ City: _____

Newspaper Address: _____

Please complete the following section by checking any and all school extracurricular activities in which you have participated since (and including) the 9th grade:

- | | | |
|--|--|--|
| <input type="checkbox"/> Student Council | <input type="checkbox"/> Speech/Debate | <input type="checkbox"/> Cheerleader |
| <input type="checkbox"/> Class Officer | <input type="checkbox"/> Boy/Girl Scouts | <input type="checkbox"/> Drama/Theatre/Thespians |
| <input type="checkbox"/> NHS/NJHS | <input type="checkbox"/> Church (or religious) youth group | <input type="checkbox"/> Foreign Language Club |
| <input type="checkbox"/> Honors/IB Program | <input type="checkbox"/> Varsity/Jr. Varsity Sports | <input type="checkbox"/> Service Club (Key Club, Interact, etc.) |
| <input type="checkbox"/> Yearbook/School Newspaper | <input type="checkbox"/> Art/Dance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Math/Science/Engineering | <input type="checkbox"/> Science Fair | |
| <input type="checkbox"/> 4-H/FFA/FHA | <input type="checkbox"/> Volunteer Work/Charity Work | |
| <input type="checkbox"/> Band/Orchestra/Choir/Chorus | _____ Hrs. per week | |

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: (_____) _____ OR Participant will be driving him/herself to 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. Participants that drive themselves to the seminar are required to surrender their car keys upon arrival.

If traveling by common carriers, please attach details of travel (arrival and departure) plans including Carrier Name, Number, Date and Time.

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

Signature of Parent/Legal Guardian: _____ Date: _____



Please return this form by May 1, 2011 to:
 North Florida HOBY
 1700 North Monroe Street
 Suite 11, Box 168
 Tallahassee, FL 32303

Medical History Records Form (Page 1 of 2)

(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

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

EMERGENCY CONTACT INFORMATION

<hr/> Last name	<hr/> First name	<hr/> Relationship to participant
()		()
<hr/> (Area code)	<hr/> Primary telephone number	<hr/> (Area code)
		<hr/> Secondary telephone number
<hr/> Name of family physician		<hr/> (Area code)
		<hr/> 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"/> Diphtheria | <input type="checkbox"/> German Measles (Rubella) |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Tonsillitis | | |

Please 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? _____

Please explain in detail if the participant has ever been hospitalized or had a serious illnesses (attach additional pages if necessary).

Please describe in detail any limitations on the amount of physical exercise (attach additional pages if necessary).

Please list all allergies and any dietary needs or restrictions, including vegetarianism (attach additional pages if necessary).



Please return this form by May 1, 2011 to:
 North Florida HOBY
 1700 North Monroe Street
 Suite 11, Box 168
 Tallahassee, FL 32303

Medical History Records Form (Page 2 of 2)
MEDICATION

Please list all medications to which the participant has allergic reactions (penicillin, sulfa drugs, tetanus antioxin, etc.) and the reaction:

Please list any prescription medications the participant is taking, including: **(1) name and type of medication; (2) condition for which medication was 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 if necessary:

- Ibuprofen (Such as Advil, Motrin)
- Acetaminophen (Such as Tylenol)
- Diphenhydramine (Such as Benadryl)
- Naproxen (Such as Aleve)
- Throat Lozenges
- Decongestant (Please Specify if Necessary: _____)
- Pepto Bismol
- Loperamide (Such as Imodium)
- Antibiotic Ointment (Such as Neosporin, Polysporin, Bacitracin)
- Eye Drops (Such as Artificial Tears or Saline)
- Gas-X
- Other (Please Specify: _____)

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: _____



Please return this form by May 1, 2011 to:
 North Florida HOBY
 1700 North Monroe Street
 Suite 11, Box 168
 Tallahassee, FL 32303

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.

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:** _____



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

Health Insurance Form

(Please type or print legibly)

Name of Participant: _____

Health insurance plan name: _____

Health insurance plan number: _____

Health insurance group number: _____

Check here _____ if participant is not covered by a health insurance plan.

Name of parent or legal guardian: _____
(Last) (First)

Emergency contact telephone number: (_____) _____
(Area Code)

Signature of Parent/Legal Guardian: _____

Date: _____



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

Consent & Acknowledgement of Risk Form

(Please type or print legibly)

Participant's Name: _____

Event: North Florida HOBY Leadership Seminar, June 9 – 12, 2011 Location: Studio Green Residence Hall, Tallahassee, Florida

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: _____



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

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 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. We use and retain these records to provide or enable health care providers to provide quality medical care to your child or dependent in the event of an emergency. This notice describes how we may use and disclose your child or dependent's medical information. It also describes your rights, the rights of your child or dependent, and our legal obligations with respect to your child or dependent's medical information.

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. The law permits us to use or disclose your child or dependent's medical information for the following purposes:

1. Treatment. In the event of an emergency, we will provide medical information about your child or dependent to the appropriate health care provider to provide for the medical care of your child or dependent. We may also disclose medical information to members of your family or others who can help your child or dependent if you are not available.
2. Awareness. We may also provide medical information about your child or dependent to HOBY employees and/or volunteers to the extent necessary.
3. Alumni Activities. We may provide medical information about your child or dependent to HOBY employees and/or volunteers in connection with alumni activities or events in which your child or dependent may be a participant.
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 by way of a written request specifying what information you want to limit and what limitations on our use or disclosure of that information you wish to have imposed. We reserve the right to accept or reject your request and will notify you of our decision.
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 (818) 851-3980.

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. After an amendment is made, the revised Notice of Privacy Protections will apply to all protected health information that we maintain, regardless of when it was created or received.

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 (818) 851-3980.

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, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

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 HOBY 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 times.
4. No outside guests are allowed in or around the seminar facility except for registration and checkout.
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 gender is not permitted.
7. No smoking, no drinking of alcoholic beverages, and no unauthorized drug use is permitted.
8. No weapons, including but not limited to guns, knives (including pocket knives), pepper spray, mace, and similar items.
9. Any ambassador who has a medical problem that requires special care, treatment, or medication must inform his or her group facilitator.
10. 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.
11. 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.
12. Use the "Buddy System" when moving throughout the facility without your facilitator.
13. Ambassadors are not allowed to request or change your room assignment. HOBY volunteers assign rooms prior to the seminar. You must be in your assigned room at the announced curfew and must remain in such until the start of activities the next morning.
14. You must observe the morning wake up call, which will be one hour prior to the first scheduled activity each day.
15. 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.
16. Refrain from entering the Operations Room, except in case of an emergency.
17. 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.
18. Purses and bags must be left in the Ambassador's. Each group facilitator will carry a bag to transport necessary items.
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, excessively tight clothing, clothing with profane or offensive language or graphics, torn clothing, and clothing with holes.
20. Conduct yourself with the highest level of decorum, morals, ethics, and conduct appropriate for a chosen representative of your school.
21. Prohibited areas (weight room, tanning room, movie/game area) will be announced and swimming is prohibited until the scheduled free time on Saturday when lifeguards will be present.
22. Conduct yourself with the highest level of decorum, morals, ethics, and conduct appropriate for a chosen representative of your school.

Signature of Participant: _____ **Date:** _____

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

Parents: Please retain a copy of this executed document for your information.



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

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.

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parents: Please retain a copy of this executed document for your information.



Please return this form by May 1, 2011 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, Box 168
Tallahassee, FL 32303

PARTICIPATION COMMITMENT FORM

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

Your selection to participate in the HOBY experience is a great honor. Colleges and universities throughout the country recognize HOBY as a key indicator of leadership and success potential. For many of you, it will be the first time you will interact with your real peer group. HOBY is a great opportunity to discover who you are and develop your potential to be 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. Occasionally, a few would-be Ambassadors decide to withdraw from participation in HOBY Leadership Seminar. Unfortunately, many of them fail to let us know in a timely manner (if at all) and a replacement is not available. As a result, a truly deserving student misses a great opportunity. If for any reason you determine that 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, but fun weekend, regardless of other distractions or activities which may conflict (short of death or serious illness in the family or similar unforeseen adversity). **We cannot make exceptions, including early departures on Sunday.** Please notify your family, friends, teachers, and coaches right now that you are already committed and booked for Thursday June 9 – Sunday 13, 2011.

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 notify 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: _____