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 June 10 – 13, 2010. 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 14, 2009:**

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

**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 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

HOBY NORTH FLORIDA
HUGH O'BRIAN YOUTH LEADERSHIP

Please return this form by May 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO Box 168
Tallahassee, FL 32303

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: _______

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:

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

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 CONNECTION FLIGHTS, BUS TRANSFERS, OR IN BETWEEN MODES OF TRANSPORTATION.

⌦ Signature of Parent/Legal Guardian: ______________________________ Date: ______________

Please return this form by May 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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

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:

- ☐ Chicken Pox
- ☐ Measles
- ☐ Polio
- ☐ Tonsilitis
- ☐ Diphtheria
- ☐ Mononucleosis
- ☐ Pneumonia
- ☐ German Measles (Rubella)
- ☐ Mumps
- ☐ Rheumatic Fever

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

- ☐ Anxiety
- ☐ Asthma
- ☐ ADD/ADHD
- ☐ Bleeding tendencies
- ☐ Emphysema/ Bronchitis
- ☐ Congestive Heart Failure
- ☐ Depression
- ☐ Diabetes
- ☐ Ear Infection
- ☐ Epilepsy
- ☐ Fainting Spells
- ☐ Hay Fever
- ☐ Headache
- ☐ Heart Disease
- ☐ Hearing Loss
- ☐ Migraine
- ☐ Nose Bleed
- ☐ Seizures
- ☐ Difficulty Sleeping
- ☐ Upset stomache
- ☐ Vision Loss
- ☐ Other_______________
- ☐ Other_______________

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. _____________

HOBY NORTH FLORIDA
HUGH O'BRIAN YOUTH LEADERSHIP

Please return this form by May 14, 2010 to:
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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, tetnus 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 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:

- ☐ 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:
☐ Hepatitis B	
☐ DPT (Diptheria, Pertussis, Tetanus)	
☐ Tetanus booster (Please indicate date of last booster)	
☐ Hib (Haemophilus influenzae type B)	
☐ Polio	
☐ MMR (Measels, Mumps, Rubella)	
☐ Chicken pox (Varicella)	
☐ Influenza (Flu shot)	
☐ Pneumonia (Pneumococcal)	
☐ Meningitis (Meningococcal)	
☐ Smallpox	
☐ 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 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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 10 – 13, 2010 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 atorneys' fees incurred or suffered by HOBY as a result of, or arising out of, the Participant's negilgence 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 Ackowledgment 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 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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 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. 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 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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 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 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. 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 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.
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. 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.
19. 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: _______________**

Please return this form by May 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO 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: _______________**

Please return this form by May 14, 2010 to:
North Florida HOBY
1700 North Monroe Street
Suite 11, PO Box 168
Tallahassee, FL 32303

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 June 10 – 13, 2010.

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: ____________