

Global Youth Village Session II: Welcoming Iraqi Youth

Information Sheet to be completed by Parent/Guardian

➔ PLEASE COMPLETE BOTH SIDES ←

This form helps us in many ways. It provides important contact information and helps us support your goals as a parent.

Applicant's name _____
(first) (middle) (last)

Parent's name _____ Occupation _____

CONTACT AND FAMILY INFORMATION

If applicant's parents/guardians are divorced or legally separated, who has custody?

To whom may the applicant be released to or visited by?

Brothers and sisters: Name _____ age _____ gender _____ Name _____ age _____ gender _____
: Name _____ age _____ gender _____ Name _____ age _____ gender _____

PERSONAL INFORMATION ON APPLICANT

School presently attending _____ / _____ / _____ / _____ / _____
(name) (address) (city) (state) (zip)

Country of birth _____ Nationality _____ Legal resident of _____

Religion (optional) _____ If applicant will need assistance or special consideration to observe religious practices or attend services while at Legacy, please explain:

EMERGENCY INFORMATION

EMERGENCY RELEASE: In case of emergency, I grant Legacy permission to secure the medical treatment recommended or deemed necessary by the physician selected by Legacy, including routine tests, X-rays, injections, hospital service, anesthesia, surgery, and other treatments. Legacy will make all reasonable efforts to contact parents whenever possible. This form may be photocopied for use off the campus property.

Legal Signature: _____

Applicant's physician _____
(name) (address) (city, state, zip) (phone)

Applicant's dentist - _____
(name) (address) (city, state, zip) (phone)

In case of emergency, notify _____
(name) (address) (city, state, zip) (phone)

If not available, notify _____
(name) (address) (city, state, zip) (phone)

PUBLICITY INFORMATION

We may wish to send information to the applicant's local paper, acknowledging their successes as a Global Citizens Camp participant. The articles are excellent additions to college application packages and scrapbooks.

Name of Local Paper: _____

Address: _____

Telephone _____

➔ PLEASE COMPLETE OTHER SIDE ←

POLICIES, PERMISSIONS, AND TERMS OF PARTICIPATION

SUPERVISION: Legacy's responsibility begins when participant arrives on campus or is picked up by a Legacy representative at airport, bus terminal, etc. Legacy's responsibility ends when participant has completed his or her program and departs from the campus or the Legacy staff's care. Legacy is not responsible if participant leaves the Legacy campus, or his or her travel program group, without permission or without the company of a Legacy staff member. If international participants wish to visit relatives or friends in the US before or after the regular session, Legacy must be notified in writing of the specific details. Such trips are NOT to occur during the regular program session.

LEGAL WAIVER FOR RELIGIOUS REASONS: If the above statement of permission for emergency treatment cannot be given for religious reasons, please indicate here, thus releasing Legacy from all legal responsibility which might arise from a medical emergency for which standard treatment cannot be given.

X Legal signature: _____

Instructions or details regarding care that can be given: _____

INSURANCE: Legacy provides limited accident and sickness insurance for all participants. This insurance covers occurrences that originate during the participant's attendance, and does not cover the cost of care for pre-existing conditions. The cost is included in the tuition. Expenses not covered by this insurance will be the responsibility of the parent.

PHOTO/VIDEO RELEASE: As part of my child's participation in the Legacy Program, I understand that I am authorizing Legacy International to make use of video footage, photographs, and voice recordings, and that Legacy International shall be the owner of the results and proceeds of such taping, photography, and recording with the right to use all or any portion thereof or reproduction thereof. I further agree that Legacy International may use and license others to use my child's name, voice, likeness and any and all media, including, but not limited to cable and broadcast television, in the exhibition, distribution, promotion, and publicizing of any program that the Legacy International deems part of their overall purposes. Recent opportunities have included participation in news stories (e.g., CNN), documentaries (e.g., the Bill Moyer's Special), and other educational opportunities (e.g., The Discovery Channel).

ACTIVITY ASSIGNMENT: I understand that Legacy reserves the right to reassign my child to an alternative activity, should the activity of my child's choice not be available or should my child's health or behavior make participation inadvisable. I also understand that considerations often arise which require changes in itinerary or other program aspects. Legacy reserves the right to cancel any program that does not enroll the minimum number of students.

DISMISSALS: I understand that Legacy makes every effort to help participants resolve any behavioral or adjustment difficulties. If my child is not able to follow the advice of Legacy staff or follow the rules, standards, and instructions, I will be notified. If he or she must be sent home, it will be at my expense. In such event, I understand that there will be no refund of tuition or other fees.

RESPONSIBILITY: I agree not to hold Legacy or its directors responsible for any injury or illness that my child may incur while at Legacy, except in the case of gross neglect. I agree to accept responsibility for any financial obligations my child may personally incur while participating in the program, including personal expenditures or injury to another person or damage to property which my child might commit through gross negligence or mischief.

LIABILITY WHILE IN TRANSIT: For international arrivals and travel program participants: I understand that the commercial carrier's liability for loss or damage to baggage, and for death or injury to person or property, is limited by their tariffs and/or the Warsaw Convention. Further, I understand that the carriers assume no responsibility for such times as my child is not on board their vehicle. I understand that Legacy is not responsible for events beyond their control such as (without limitation), strikes, war, delays, weather, acts of God, or government restrictions, or for acts of omission by persons, or for services offered by entities outside their control including (without limitation) airlines, surface transportation companies, hotels, restaurants, and other suppliers of program services. I agree to release Legacy, its directors, employees, agents, and associates, from all claims arising out of such events.

FINANCIAL RESPONSIBILITY: I understand that tuition must be paid in full by June 20th. I understand that a \$25 service charge will be assessed for all returned checks.

REFUNDS: In the event of withdrawal before the program begins, tuition paid will be refunded less a \$35 administrative fee. After start of the program, tuition will not be refunded. In the unlikely event that the program is canceled, tuition will be refunded in full.

I have read the above information and agree to its terms. This agreement will be effective when my child's application is accepted by Legacy, and shall be governed by the laws of the Commonwealth of Virginia and the United States of America.

Signature _____ Date _____