MOWW® | YLC & YES STUDENT APPLICATION
For MOWW, Inc., 501(c)(19) Nonprofit Organizations & other 501(c)(3) Nonprofit Organizations

EVENT NAME & LOCATION: ________________________________ DATES: ________________________________
Refer to YLC/YES Schedule Refer to YLC/YES Schedule

NOTE: This YLC & YES Student Application and the annual YLC-YES Schedule are at https://www.moww.org, “Patriotic Education Programs for Youth.” Individual YLC and YES events may have additional application requirements specific to their venue, please contact the applicable event director for further information (YLC/YES Director contact information is on the annual YLC/YES Schedule.

Note: The information contained in this application and its medical reports will be handled with extreme care and will only be used by the event director, medical officer or designated event staff cited above or authorized medical personnel. After the event, applications will be retained for 2 years and then destroyed.

PART A. STUDENT INFORMATION (please print neatly)

Student Name: ________________________________
Student Name: First, Middle Initial, Last, Suffix

<table>
<thead>
<tr>
<th>Grade (circle one)</th>
<th>HS Grad Yr</th>
<th>Date of Birth</th>
<th>Gender (circle one)</th>
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</thead>
<tbody>
<tr>
<td>10th / 11th</td>
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• Co-curricular/extra-curricular activities, e.g., sports, clubs, National Honor Society, etc.

• List goal(s) in attending this YLC/YES

• State aspirations, i.e., what you desire to become

• YLC/YES Rules of Engagement (ROE). YLC/YES events are supportive and positive learning experiences. ROE violations below are grounds for immediate removal/dismissal. For the event to be most beneficial to all participants, each participant must follow the event’s ROE and is expected to adhere to following:
  - Be committed to participate in the entire conference as scheduled.
  - Be on time and ready to participate in each scheduled activity.
  - Enthusiastically support all student leaders, staff, the Assistant Director and the Director.
  - Be fully engaged in the program at all times.
  - Get plenty of sleep before arriving at the event.
  - Set a positive example in dress, appearance, behavior and language for other students to follow at the event.
  - Do not wear visible pierced ornaments. Exception: female attendees may wear a pair of conservative ear rings.
  - Refrain from illegal consumption or use of controlled substances, including underage consumption of alcohol.
  - Immediately notify the Director, Assistant Director, counselor or any adult in the event of any injury or illness.
  - No head-cover may be worn in any scheduled YLC/YES classroom or event unless such its an inherent part of a faith tradition.
  - Do not use cell phone or text message during class. You may take photographs.
  - Public displays of affection (PDA), cursing, drama, arguing or fights are not permitted.
  - Sexual assaults or harassment, something of a sexual nature that bothers someone else, etc., will not tolerated.
  - Students must be in their dorm room by “Lights Out.” No loud noises or talking is permitted; quite talk is OK.
  - Do not change rooms, disturb anyone in any room, disturb windows, or activate fire alarms (unless there is a fire emergency).
  - Males are not permitted in female dorm areas; females are not permitted in male dorm areas—under any circumstance.
  - Do not be disrespectful to anyone during any YLC/YES event, whether on campus or during field trips.
  - Do not steal.
  - Do not threaten or harm anyone; the police will be called as necessary.

• If you are ready a YLC/YES participant, read the Rules of Engagement (ROE) above and sign below that you will abide by these rules.

Student Signature: ________________________________
Student Signature

Date: Month / Day / Year
PART B. PARENT/GUARDIAN CERTIFICATION (please print neatly)

1. Parent/Legal Guardian Name: ________________________________
   ____________________________________________
   First, Middle Initial, Last, Suffix
   Relationship to student

Address: ____________________________________________________
   ____________________________________________________
   Number, Street, City, State, ZIP Code
   Adult T-Shirt Size (S-M-L-XL)  JROTC ("Yes" or "No")

   Email ____________________________________________
   Home Phone ______________________________________
   Cell Phone ________________________________________

2. I/we, the undersigned being the natural parent(s) or the designated legal guardian(s) of the applying student authorize his/her attendance at the MOWW youth event during the specified dates cited at the top of this form.

3. I/we certify the general well-being of the student to fully participate in the event (accompanying MOWW Form 11a, “Authorization for Medical Treatment,” provides supporting information).
   a. The student named above neither has a medical condition severe enough to require special accommodations and/or assistance (e.g., the student does not require certified professional help or private lodging) nor is the student likely to diminish the learning/development experience for other participants.
   b. The student named above is capable of light physical activity (e.g., continuously walking for 30 minutes) to ensure participation in tours and other event activities.
   c. The student’s is current on his/her immunizations and vaccinations.
   d. Student has no allergies or required medications except as noted in the accompanying MOWW Form 11a, “Authorization for Medical Treatment.”

4. Parent/guardian responsibilities relative to the organization sponsoring the above-named student.
   a. The sponsoring organization for the participating student will provide the student’s tuition and room and board. Transportation to and from the event is the responsibility of the parent or legal guardian but there is likely to be support from the sponsoring organization. The parent or legal guardian needs to contact the sponsoring organization directly or via the event director for details.
   b. Except for a case of substantiated gross negligence or worse, the I/we hereby release and contract to hold harmless MOWW, the event and its organizers from any and all liability and/or responsibility for the child’s welfare, well-being, and control for the period of the conference including the day of departure until the day of return if a MOWW chapter provides the child’s transportation.
   c. By my/our signature(s) hereto, I/we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the Military Order of the World Wars.

5. Parental release of audio, visual & written material.
   a. Documentary photography and audio/video recordings will be taken of the students and staff in casual, classroom, dining, and other event activity (e.g., museum, courtroom). No photography or recordings will be taken in lodging areas or restrooms. Additionally, group and/or individual photos will be taken.
   b. Any of these photos and audio/video recordings may be published and/or used by MOWW on a MOWW web site, in the MOWW magazine, The Officer Review®, or in MOWW promotional materials. The photographer may retain copyright of all such photos though unconditional release is granted to MOWW.
   c. The student’s name may be used when writing about the photos or recordings: Yes: _____  No: _____
   d. I/we, the undersigned parent(s)/guardian(s) of the above named student do hereby agree with the use and ownership of the materials as stated above for the Military Order of the World Wars.
I/we certify the information in Part B of this form is true and correct to the best of my/our knowledge.

Parent/Legal Guardian Signature: ________________________________

Date: Month / Day / Year

PART C. HIGH SCHOOL COUNSELOR/INSTRUCTOR CERTIFICATION (please print neatly)

Note: Required for events conflicting with school days.

1. Counselor/Instructor: ____________________________ Title: ____________________________
   First Name, Middle Initial, Last Name, Suffix
   Position

2. Principal/Headmaster: ____________________________ Title: ____________________________
   First Name, Middle Initial, Last Name, Suffix
   Position

3. The student will be officially excused from school to attend this NASSP-listed conference:  YES: _____ NO: _____

4. Student’s Class Ranking (optional) If providing, circle applicable ranking:  Top 10%  25%  50%

5. Narrative recommendation highlighting how the student is an asset to the school and/or community.
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________

The undersigned certifies the above information in Part C of this form is true and correct to the best of my knowledge.

Approving School Official: ________________________________ Date: Month / Day / Year

Position: ________________________________ School Name: ________________________________

School Address: ________________________________ School Phone Number: ____________________________
   Number, Street, City, State, ZIP Code
   Include area code

School Email: ________________________________ School Website: ________________________________