

May 29, 2009

Dear Youth Leader,

The American Red Cross of Central Texas, a nonprofit organization which provides vital services to your community, wants to enhance the leadership skills of the youth in our area. Together, we believe that we can provide an excellent opportunity for Central Texas youth to learn, express their creative ideas, and engage one another in a fostering environment.

Our desire to generate strong youth leaders has led us to create a youth leadership development retreat, and it is our sincere hope that you will consider sending the young people in your life.

The event will be held Saturday July 25<sup>th</sup> through Sunday July 26<sup>th</sup> at Texas State University in San Marcos, Texas. We are inviting all motivated youth interested in becoming better leaders as well as anyone who would be considering starting a Red Cross Club.

The cost for the event is \$40.00 per person, which is all-inclusive. Cost includes an overnight stay at the Texas State dormitories, all meals, instructional materials as well as a T-shirt. Although the Red Cross is not providing transportation, there will be a carpooling system for those participants interested.

We strongly hope that you consider sharing this information with your group and we hope to see you at our event! If you have any questions or concerns please do not hesitate to contact us.

Thank your for your consideration,

Amber Cooney  
Volunteer Services  
American Red Cross of Central Texas  
(512) 928-4271  
acooney@centex.redcross.org



**American Red Cross**

2009 Leadership Development Retreat  
Participant Application

Please fill out the Entire application and send to:

By Mail

American Red Cross  
Attn: Amber  
2218 Pershing Drive  
Austin, Tx 78723

By Email

acooney@centex.redcross.org

By Fax

(512)928-2816

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender  Female  Male      Date of Birth \_\_\_/\_\_\_/\_\_\_      Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_      Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_ School/University \_\_\_\_\_

Adult Tshirt Size  S  M  L  XL  XXL

Grade Level in Fall 2009  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> OR  
 Freshman  Sophomore  Junior  Senior

## Tell Us About Yourself

1. How would you describe yourself to someone who doesn't know you?

\_\_\_\_\_  
\_\_\_\_\_

2. What do you feel are the most important issues facing young people today?

\_\_\_\_\_  
\_\_\_\_\_

3. Describe something "awesome" that you have done in the past year (a service project, a class presentation, etc.)

\_\_\_\_\_  
\_\_\_\_\_

## Focus Areas

Are there any special areas of leadership development that you want to learn more about or focus on? Let us know why.

Personal Development \_\_\_\_\_

Team Building \_\_\_\_\_

Group Dynamics \_\_\_\_\_

American Red Cross Services or History \_\_\_\_\_

Event Planning \_\_\_\_\_

Organization or Club Development \_\_\_\_\_



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## Extracurricular Activities & Community Service

Organization \_\_\_\_\_ Dates Active \_\_\_\_\_ Position \_\_\_\_\_

Description of Responsibilities and Events \_\_\_\_\_

\_\_\_\_\_

Organization \_\_\_\_\_ Dates Active \_\_\_\_\_ Position \_\_\_\_\_

Description of Responsibilities and Events \_\_\_\_\_

\_\_\_\_\_

Organization \_\_\_\_\_ Dates Active \_\_\_\_\_ Position \_\_\_\_\_

Description of Responsibilities and Events \_\_\_\_\_

\_\_\_\_\_

Organization \_\_\_\_\_ Dates Active \_\_\_\_\_ Position \_\_\_\_\_

Description of Responsibilities and Events \_\_\_\_\_

\_\_\_\_\_

## Transportation

The Red Cross will not supply transportation to and from the conference. Please indicate your choice of transportation by filling in the appropriate spaces below.

I will Coordinate My Own Transportation via \_\_\_\_\_

I would like to Participate in a Carpool \_\_\_\_\_



# 2009 Leadership Development Retreat Liability and Consent Form

## PARTICIPANT AGREEMENT

As a participant of the 2009 American Red Cross of Central Texas Leadership Development Retreat I agree to:

- Apply myself and my talents to the fullest to make this conference a positive experience.
- Participate energetically and positively in every phase of the conference and encourage fellow delegates to do the same.
- Support the goals and principles of the American Red Cross and this leadership retreat now and in future service to the school and community.
- Abide by all the rules and regulations of the American Red Cross. I understand that I will not use or consume alcohol, illegal drugs, tobacco products (cigarettes or chewing tobacco) or possess items prohibited by local, state and federal laws.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT CONSENT (Participants 18 years and older)

I have read and understand the information requested. I understand the nature of this retreat and will support the application of the knowledge and skills learned at this conference. I understand that the American Red Cross is *not* responsible for injuries incurred as a result of accident or illness, theft or damage to personal property. In case of emergency, I authorize the adult staff of the retreat to seek medical attention for my health.

I further understand possession of any alcoholic beverages, weapons, or other items prohibited by local, state or federal law will result in my immediate dismissal from the conference.

Participant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL/GUARDIAN CONSENT (Participants under 18 years)

I have read and understand the information requested of my child. I understand the nature of this retreat and will support my child's application of the knowledge and skills learned at this conference. I understand that the American Red Cross is *not* responsible for injuries incurred as a result of accident or illness, theft or damage to personal property. In case of emergency, I authorize the adult staff of the conference to seek medical attention for my child. I further understand possession of any alcoholic beverages, weapons, or other items prohibited by local, state or federal law will result in immediate dismissal of my child from the conference.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION TO BE PHOTOGRAPHED

I give Central Texas Chapter of the American Red Cross the right to interview and/or take photographs, audio-visual recordings of my child/myself to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets, and brochures. I understand that my name/ my child's name may be used in connection with these materials. This release is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of this institution, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the name mentioned above.

**Participant Signature (18 and older):** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Limited Consent

I **do not** wish my child/myself to be photographed, recorded on audio tape, videotape, and/or film **except** for the photograph that is shared with all campers and staff.

**Participant Signature (18 and older):** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# 2009 Leadership Development Retreat Medical & Consent Form

## MEDICAL INFORMATION

Are you now, or have you been within the past year, under a physician's care for a physical ailment?

No  Yes (explain)

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Do you have physical disabilities that could limit your physical activities, including sports?

No  Yes (explain)

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Are you currently taking any medication(s)?

No  Yes (please list the medication name, dosage, and how often they are taken below)

Medication Name

Dosage

How often

|       |       |       |
|-------|-------|-------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Are you a vegetarian?  No  Yes

Are there any kinds of food that you cannot eat? Please list them here: \_\_\_\_\_

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Do you have allergies?  No  Yes

If yes, please describe what you are allergic to and the type(s) of reaction(s) you have.

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Have you had any problems with any of the following? (If yes, please explain).

Vision       No       Yes

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Hearing       No       Yes

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Heart       No       Yes

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Asthma       No       Yes

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Bones       No       Yes

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Stomach       No       Yes

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Do you wear contacts?       No       Yes

Please list the dates of your recent immunizations for the following (or you may attach a copy of your shot record from your family physician):

DPT (Tetanus) \_\_\_\_\_      Mumps \_\_\_\_\_      Polio \_\_\_\_\_

Measles \_\_\_\_\_      German measles (Rubella) \_\_\_\_\_

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In case of emergency, contact the person noted below (please list someone who is **not** your parent or guardian):

Emergency Contact Name \_\_\_\_\_

Participant's relationship to this individual \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian's Name (if different from parents'): \_\_\_\_\_

Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

**\*Please attach a copy of your insurance card for emergency purposes\***