

Leadership UA Youth Program Application

Student Information

Name: _____

Address: _____ Zip: _____

Home Phone: _____ E-mail: _____ Cell: _____

Age: _____ Are you a freshman this school year? _____ Where: _____

Parent/Guardian Information

Name: _____

Home Phone: _____ E-mail: _____ Cell: _____

Name: _____

Home Phone: _____ E-mail: _____ Cell: _____

Tell us about yourself. You may use the reverse side if necessary.

Activities, sports, hobbies: _____

Community or volunteer involvement: _____

What do you hope to gain from your participation in the program? _____

Tuition for the program is \$250 and covers all program costs and snacks during class. Your enrollment will be confirmed upon receipt of payment. Scholarships are available based on need. Please contact the UALP Executive Director at info@leadershipua.org for additional information.

We understand the purpose of the Upper Arlington Youth Leadership Program and the importance of participation and appropriate behavior in all sessions. We agree to devote the time to complete the program. I understand if I withdraw from the program after the first session date, no portion of my tuition shall be refunded. References may be requested.

Student signature: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

Please send application and check for \$250 made payable to "Leadership UA" to:

Leadership UA
Mary Ellen Hatch, Executive Director
PO Box 21190
Upper Arlington, Ohio 43221

Space in the class is limited. If your application is not accepted your deposit will be returned.

I understand and agree that participants in the Upper Arlington Leadership Program may be photographed or video taped during the program, an associated activity or event. I hereby give permission for the use of my photo, video and/or film likeness, and name by LUA, activity and event holders, producers, sponsors, organizers and/or their assigns for any legitimate purpose. I will hold the released parties harmless for such use.