**Maine Youth Leadership**

**Leadership-Volunteerism-Character**

**Motivate ME 4-Day Seminar**

**USM Gorham Campus**

**Ambassador Release Form**

**June 1st – June 4th, 2017**

Dear Participant:

For our records, and for your protection, please complete this form in its entirety. Please provide ALL requested information and obtain the signature of your parent or legal guardian. Please type or write legibly.

**PERSONAL INFORMATION**

(Last Name) (First Name) (Middle Initial)

Male  Female  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Date of Birth) (Preferred Name) (T Shirt Size)

(Area Code) (Telephone Number) (High School / Institution you represent)

(Your Permanent Street Address) (Mailing Address if Different)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(City) (State) (Zip Code) (E-Mail Address)

**\*Your contact information will be included on our end-of-seminar contact sheet passed out to all participants unless you notify us in advance of May 20, 2017 to remove it.**

**LEGAL GUARDIAN INFORMATION**

Legal Guardian 1 ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Guardian 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Please include a person not included on the front side of this form.**

**NOTE: any emergency calls will be made in the following order:**

**Legal Guardian 1, Legal Guardian 2, Emergency Contact.**

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(Last Name) (First Name) (Relationship to Student / Participant)

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

(Area Code) (Primary Telephone number) (Area Code) (Secondary Telephone Number)

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

(Name of Family Physician or health Clinic) (Area Code) (Physician or Clinic Telephone Number)

**TRAVEL ITINERARY**

I will arrive at the seminar by: Car Bus Train Plane

If arriving by Bus, Train or Plane: What terminal and what time of arrival? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Someone from the seminar will pick you up)

**IMAGE AND PHOTO RELEASE**

Maine Youth Leadership will be taking pictures and video fpr editorial, publicity, advertising and promotional use. Please check the box if you wish **NOT** to have your image or likeness published or re-published the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose including illustration, promotion and advertising.

Please DO NOT include my photos or likeness in the above mentioned.

**PHONE, E-MAIL ADDRESS RELEASE**

Maine Youth Leadership will not sell or share ambassador information with outside parties. We would, however, like to publish contact information for use in future alumni association events and network resources. Please note below if you wish to have your phone and e-mail information excluded from alumni publications.

Please DO NOT include student’s phone number in alumni publications.

Please DO NOT include student’s E-Mail address in alumni publications.

**Signature of parent or legal guardian:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return Registration, Medical, Rules and Media Forms by April 20th.