

Congress of Leaders of Florida APPLICATION

Please complete both sides of this form. Incomplete registration forms cannot be processed. Return this form to:

Congress of Leaders of Florida - PO Box 12383, San Juan, PR, 00914-0383

Please write clearly all information.

Student Information:

* Student Name (Last) _____ (First) _____

* Social Security #: _____ G.P.A. or Class Rank _____

* Street Address: _____

* City : _____ State _____ * Zip: _____

NOTE: Extended Zip+4 code required. If you need to look it up, visit the Post Office Web site at <http://www.usps.com/zip4/>

Country: _____

E-mail address _____ Home Phone: (_____) _____ - _____

Student Cell Phone: (_____) _____ - _____

* Birth Date: ____ (mm) / ____ (dd) / ____ (yyyy) City of Birth _____ State of Birth _____

* Male _____ * Female _____ * Year of high school graduation : _____

What is your country of Citizenship? _____

If you currently reside in a country other than your native country, are you (check one):

____ A permanent resident as an immigrant - ____ A temporary resident as an exchange student

____ A temporary resident other than exchange student

List any organizations you are currently a member of: _____

Student Information

School Name : _____

Phone (_____) _____ - _____ Fax (_____) _____ - _____

Address : _____

* City _____ State _____ Zip: _____

Web Site : _____

Principal's Name : _____ Contact e-mail: _____

School Contact Person: _____ Title: _____

Medical Information: Consult your parents as you complete this section to provide the most accurate information possible. Complete the entire section. Explain in detail any special circumstances.

Name of Student: _____

Age _____ Height _____ (ft) Weight _____ (lb) Hair Color _____ Eye Color _____

Mother's Name : _____ e-mail _____ Daytime Phone _____

Title/ Company: _____

Father's Name : _____ e-mail _____ Daytime Phone _____

Title/Company: _____

Emergency Contact: _____

Name of Insurance Company: _____

Insurance Company Address _____

City: _____ State _____ Zip _____

Please check any of the following conditions with apply to you and provide further details below.

Asthma _____ Allergies ___ Vision/Hearing _____ Diabetes _____ Hypoglycemia _____ Seizure Disorder _____

Have you had any recent illness? No ___ Yes _____ Are you presently taking any medication? No _____ Yes _____

Do you have any physical handicaps? No _____ Yes _____ Date of last tetanus toxoid booster: _____

Within the past two years, have you been under the care of a medical doctor or mental health professional?

No ___ Yes _____ Do you have reactions to any medication? No _____ Yes _____

Dietary Restrictions: _____ Other: _____

Please provide a detailed description of any conditions you noted above or any other conditions of which we should be aware, including descriptions of any treatment and/or medications you may require. Attach additional pages if necessary: _____

Authorization:

This application must have all the following signatures to be admitted to the program.

Each of the undersigned has carefully read accompanying program brochure, including the Terms of Participation statement and Student Code of Conduct, and with full understanding of the terms, consents to the participation of the undersigned student in accordance with standard, rules and regulations of Congress of Leaders of Florida.

The Principal's signature below also verifies that this student meets the outlined qualifications necessary to attend Congress of Leaders of Florida programs, including the required grade point average or class rank.

Principal's Signature

Date

While attending the program, if a student needs any type of medical treatment, the parent's signature below constitutes necessary permission for such treatment and responsibility of the parent or guardian for any and all expenses associated therewith.

Parent or Guardian's Signature

Date

Student's Signature

Date

Congress of Leaders of **Florida** welcomes a diverse student body and encourages all outstanding high school leaders to apply. We do not discriminate against qualified applicants for any reason including race, religion, gender or ethnic origin.