



# 2018 Broomfield Ambassador Application

## Chaperon or Applicant:

\_\_\_\_\_  
 Family name/Legal name    First/Given name    Want to be Called    Gender (M/F)

\_\_\_\_\_  
 Street Address    City

\_\_\_\_\_  
 State/Province    Country of Residence    Postal Code

\_\_\_\_\_  
 Date of Birth (yr/mo/day)    City of Birth    State/Province of Birth    Country of Birth

\_\_\_\_\_  
 Citizen of (Country)    Home Telephone    Email Address

*I hereby state that I am of good health and character, understand the importance of the role of ambassador, have read and agree by the Program Rules and Conditions of Exchange and will, to the best of my ability, maintain the high standards required of a Broomfield Ambassador should I be chosen to represent my community, state and country. I further state that all the material contained in this application and attached documents are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
 Applicant's Signature    Date (yr/mo/day)

## Youth Applicant Only - Parents/Legal Guardians:

\_\_\_\_\_  
 Natural Father's Name/Legal Guardian

\_\_\_\_\_  
 Natural Mother's Name/Legal Guardian

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Occupation    Business Telephone

\_\_\_\_\_  
 Occupation    Business Telephone

\_\_\_\_\_  
 Home Telephone    Emergency Telephone

\_\_\_\_\_  
 Home Telephone    Emergency Telephone

\_\_\_\_\_  
 Fax    Email

\_\_\_\_\_  
 Fax    Email

**\* Please answer the following questions. You may provide your own written or typed pages.**



## 2018 Broomfield Ambassador Application

### Youth and Chaperon Applicants:

Why would you like to participate in this program?

Do you have experience with Travel outside the United States? Please Describe:

Do you have any food allergies, including any shellfish allergies? Do you have any particular foods you will not eat? (To help Host Families)

### Youth Applicants Only:

List your strong characteristics and any leadership roles you have had?

Other Comments regarding this opportunity that you would like to add?



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## Instruction Sheet

Read these directions carefully **before** completing the application. **You will need 3 copies of this application.** Why three? One for Japan Host Families, One for Broomfield records at home, one for chaperon to take along on trip).

If you are accepted as a student, parts of this application will be sent to the host family to help them match students with families of similar interests. The application will serve as your introduction to the people who are being asked to host you. It is important that the first impression you make be a good one, so complete this application carefully.

### General Instructions

Applications *must* be legible. Typed or computer generated applications in place of this form are acceptable. Please answer all questions as asked. Do not write "same" or "see page," etc. Japanese Host families will be very literal in their interpretation of the applications. Write clearly and do not use slang. Only copies of pages with original content need to be signed. (i.e. – you do not need to copy the instruction sheets and hand in 3 copies)

### Photographs:

The Broomfield selection committee recognizes the importance of privacy regarding your photographs of family and self. It is not necessary to have these pictures for the interview with the committee. However, the identification pictures are important for the Chaperon to carry during the trip and for a more useful introduction to the host families. Original pictures or color copies would be the easiest to accompany all copies of the application, but you may use a color copier. In the "special interest" section include a photograph of you doing your favorite hobby or activity. In the "other" section, include a photograph of your pet(s), friends, etc. Describe the subject below the photograph if not obvious. These will all be very useful for the host family, and often form a basis for initial communication with your Japanese Host Family.

### Specific Instructions

Applicant and Parents/Legal Guardian - All parental information must be completed. If your parents are divorced, provide the requested information for the non-custodial parent, not your stepparent unless he/she has legal guardianship of you or has formally adopted you. If someone other than a parent is your legal guardian, provide the requested information for the legal guardian. Authorizations must be obtained from **all** parents/guardians. This is important because your child will be traveling outside of the United States with a chaperon who may or may not be his/her parent. A affidavit to travel outside the United States without a parent is required by US Customs and should be available at each travel document check **Emergency telephone numbers** must be different from the home and business phone numbers. This should be a telephone number by which we can contact your parents in an emergency.

**Medical Examinations** - Make your doctor appointments now. Please try to have this portion of the application completed by the time you come to the interviews. We will work with applicants that need more time to schedule appointments. No student will travel without a completed medical examination or a statement of health condition by a medical professional. Chaperons are encouraged to complete a medical examination on their own, but may certify their own ability to travel. Allergies are especially important to be noted. Should you need medical care while overseas, the host country doctor needs some medical information about you.



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**Permission for Medical Care and Release of Medical Records and Liability** - Read Carefully. If you are ill and require medical care, this gives permission for your host family and/or a chaperone to act for your parents or guardians. This holds your natural parents and/or guardians responsible for additional medical bills and transportation costs not covered by your insurance if required by your illness. You and both parents or guardians must sign where indicated. If your parents are divorced, you must get the signature of your non-custodial parent unless someone else has legal guardianship of you. Authorizations must be obtained from all parents and guardians.

**Emergency Contact:** Provide the name and telephone of a family member or close friend of your parents who may be contacted in case of an emergency if we cannot contact your parents in a timely fashion. This should be someone who your parents trust to make decisions about your medical care when your parents are not available.

**Supplemental information** - If you have any dietary restrictions, be sure to state clearly what you cannot and/or will not eat. Also please tell us if these restrictions are based upon medical advice, religion, or your own personal preferences.

**Guarantee Form** - This is part of the visa application, so complete it carefully. Be sure to include your country in your home address.

**Program Rules and Conditions of Exchange** - Parents and students should read these carefully. You are expected to abide by these rules and conditions of exchange while a participant in the Broomfield program. Failure to do so may result in termination of your trip and early return home. Original Signatures are preferred.

**Affidavit of Parental Consent** - If you are not traveling with a parent, Customs will require all students traveling alone to bring a NOTARIZED Affidavit allowing them to travel with the Chaperons (or without parents). These are not always checked by customs, but will create a significant delay (missed flights, etc.) if you do not have them. At the time of Travel, there may be other travel restrictions in place.

**Passports** – It is never too early to apply for and receive a passport, even if you are not traveling on this exchange.



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### Program Rules and Conditions of Exchange for Youth

As a Broomfield Youth Ambassador you represent the best of the City and County of Broomfield. The following rules and conditions of exchange are prepared for the protection of the travelers, the chaperons, the host families and any person participating in an event of the exchange. Chaperons are expected to know these rules and make choices that are consistent with setting a good example for the students in their care.

#### **Rules and Conditions of Exchange. Violations will result in a student's immediate return home.**

- 1) Obey the laws of the Host Country – If found guilty of violation of any law, student should not expect assistance from their sponsors or their native country. Student will be returned home as soon as he/she is released by the authorities.
- 2) Only drugs prescribed by a physician are allowed.
- 3) The student is not authorized to operate a motorized vehicle of any kind which requires a federal/state/provincial license or participation in driver education programs.
- 4) Drinking of alcoholic beverages is not part of the student exchange, period. During a home stay, alcoholic beverages may be offered to adults by the hosts. Adults will use their best judgment regarding when this is appropriate. Please discuss this with the committee before departure.
- 5) Unauthorized travel is not allowed. Students must follow the travel rules of the host.
- 6) The student or chaperon must carry evidence of health insurance.

#### **Other Conditions of Exchange for Youth Ambassadors. The chaperons and or the organizing committee may review inconsistent behavior with the student. Severe or consistent disregard for these rules will result in being returned home.**

- 1) Smoking is not allowed.
- 2) Become an integral part of the host family, assuming duties normal for a student of your age.
- 3) Respect your host's wishes. Understand that the language and cultural behavior is different in the host country. The effort will be appreciated by host parents, chaperones and others you meet in the community.
- 4) Attend all sponsored events about the exchange and host family events. Show an interest in host family activities to which you are invited. Volunteer to get involved; do not wait to be asked.
- 5) Do not spend all your time with the other exchange students!
- 6) Have appropriate dress for the country.
- 7) DO NOT accept or borrow money from your host.
- 8) Ask permission to use the family telephone, keep track of long distance calls and reimburse your host family for the calls that you make.
- 9) Travel is permitted with host parents or authorized by the host with proper adult chaperones. Other travel must be approved by the chaperones or be with the host family.
- 10) Students may not travel alone or accompanied only by other students.
- 11) You must show passport upon request. The Chaperon may hold those during travel times.
- 12) Students should have sufficient financial support to assure their well being during the exchange.
- 13) Any costs relative to a student's early return home or any other unusual costs (including medical and dental) shall be the responsibility of the student's own parents/guardians.
- 14) You will be under the chaperones' authority while you are on the exchange.
- 15) Parents/guardians must avoid authorizing any extra activities directly to their son/daughter.
- 16) If the student has relatives in the host country, they will have no authority over the student while the student is in the program.



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### Declaration:

IN CONSIDERATION of the acceptance and participation of the applicant in such program, the undersigned APPLICANT and his or her PARENTS or Legal GUARDIANS, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify all host parents and members of their families and all members, officers, directors of the Broomfield Sister City program, the City and County of Broomfield and employees from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any such persons or entities, which may be suffered or claimed by such applicant, parent or guardian during or as a result of, the participation by the applicant in such youth exchange program, including travel to and from the host country.

WE GIVE PERMISSION for any and all medical care as identified in the "Permission for Medical Care and Release of Medical Records and Liability" which we have signed and which may be deemed necessary or advisable for the treatment of any illness or injury suffered by the applicant.

Having read and understood the "Program Rules and Conditions of Exchange," we each agree to abide by these rules and conditions and understand that any violation may result in abrupt termination of the exchange, and we further agree that the host chaperones shall have final authority in enforcing these rules and conditions and any other rules and conditions which may be imposed with due notice.

By signing below, I also understand that youth ambassadors have been invited to stay with host families in Ueda Japan. I have appropriate knowledge of the events of 2011, including the earthquake, resulting tsunami and subsequent events caused by the tsunami and have fully considered those events in my travel plans.

### (Signatures must be original)

Signed: \_\_\_\_\_ X \_\_\_\_\_  
(Applicant or Chaperon) (Re-signed)

Signed: \_\_\_\_\_ X \_\_\_\_\_  
(Father/Guardian) (Re-signed)

Signed: \_\_\_\_\_ X \_\_\_\_\_  
(Mother/Guardian) (Re-signed)

To be signed in presence of Committee Member at time of interview:

\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_



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### Permission for Medical Care and Release of Medical Records and Liability

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- 1) We, the parents/guardians of the applicant and I the applicant, hereby authorize the release of medical information acquired in the course of the examination by the physician and dentist.
- 2) We, the parents/guardians of the applicant, and the applicant if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant do release from liability and grant permission as noted of the following while our son/daughter is traveling as a Youth Ambassador exchange student:
  - a. In the event of accident or sickness we/ I authorize and authorized chaperones and host parents of our son/daughter to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment;
  - b. We/I give permission for any operation, administration of anesthetic or blood transfusion, which a medical practitioner may deem necessary or advisable for the treatment of our son/daughter.
  - c. We/I further consent to any medical or surgical treatment by a licensed physician, surgeon or dentist, which might be required by our son/daughter for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
  - d. In the case of elective surgery, we/I request that we/I be notified prior to such arrangements.
- 3) We/I agree to hold harmless any exchange chaperones, Sister City Planning Committee in Broomfield and Ueda, the City and County of Broomfield, host families, physician/dentist and medical facilities for any intervention in an emergency situation regardless of the final outcome.
- 4) We/I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.
- 5) We/I further release chaperones, host parents and the City of Broomfield from damages arising out of ordinary negligence, excepting gross negligence or intentional conduct, during the time they may be providing care and control of our son/daughter.

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Father/Guardian name	Mother/Guardian name	Applicant name
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Signature	Date (yr/mo/day)	Signature	Date (yr/mo/day)	Signature	Date (yr/mo/day)
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#### Emergency Contact in home country

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Name	Relation to you
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Telephone	Fax
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# 2018 Broomfield Ambassador Application

## Medical History and Examination

**To the Physician:** This student is considering travel to Japan as a Youth Ambassador. Insufficient, inadequate or improper information about a student relative to medications, psychiatric, psychological, or other medical problems could put the life of this student in danger while there. Allergy information in particular is critical to host family placement and student well being.

Please type or print this form.

\_\_\_\_\_ Gender:  male  female Age: \_\_\_\_\_

Full Legal Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Applicant's: Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Sys. \_\_\_\_\_ Dia. \_\_\_\_\_ Pulse Rate/minute \_\_\_\_\_

### Medical history

1. Has the applicant ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had:

- |                               | Yes                      | No                    |                       | Yes                      | No                    |
|-------------------------------|--------------------------|-----------------------|-----------------------|--------------------------|-----------------------|
| a) Allergies                  | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| b) Anorexia or bulimia        | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| c) Asthma                     | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| d) Appendicitis               | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| e) Arthritis                  | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| f) Bowel problems             | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| g) Cancer                     | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| h) Diabetes                   | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| i) Epilepsy or seizures       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| j) Hearing Loss               | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| k) Heart Disease              | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| l) Hernia                     | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| m) HIV Positive or AIDS       | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| n) Malaria                    | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| o) Liver Disease or Hepatitis | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| p) Menstrual Disorders        | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| q) Mental disorders           | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| r) Pneumonia                  | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| s) Rheumatic Fever            | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| t) Serious Headache/Migraine  | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| u) Stomach Ulcer              | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| v) Urinary Tract Infection    | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| w) Vertigo                    | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| x) Visual Problems            | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |
| y) Eyeglasses/Contact lens    | <input type="checkbox"/> | <input type="radio"/> | <input type="radio"/> | <input type="checkbox"/> | <input type="radio"/> |

2. Has the Applicant:

- had any surgical operation not revealed in previous questions, or gone to a hospital, clinic, dispensary or sanatorium for observation, examination or treatment not revealed in previous questions?  Yes  No
- taken any prescribed medication in the past six months?  Yes  No
- presented any history or current evidence of nervous, emotional or mental abnormality, functional nervous breakdown or nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?  Yes  No
- ever used heroin, cocaine, marijuana, or other hallucinogens, amphetamines or other Street drugs?  Yes  No
- ever received treatment or advice from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes; or received treatment or advice from an organization which assists those who have an alcohol or drug problem?  Yes  No
- had excessive weight gain or loss in recent past?  Yes  No
- suffered chest pain, wheezing, shortness of breath or fainting episodes?  Yes  No
- chronic diarrhea, vomiting, abdominal pain or constipation?  Yes  No
- chronic skin conditions, e .g., severe acne, eczema, or psoriasis?  Yes  No
- weakness of neurologic or muscular skeletal system?  Yes  No
- any dietary restrictions?  Yes  No

If "Yes," specify and note if for medical, religious or personal choice.





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For all parts of question 1 and 2 answered "Yes," give details:

Identify question	Describe nature and severity of disorder, specific diagnosis, frequency of attacks, and treatment	Dates and duration

3. Will the student be taking any prescribed medications with him/her?  Yes  No  
 The following medication(s) will be taken with the student: (Please list the international and generic name, compound symbols, doses, and reason.) \_\_\_\_\_

4. Indicate dates (year) when the student had the following diseases (or indicate that he/she has not):  
 Measles (Rubeola) \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ German Measles (Rubella) \_\_\_\_\_  
 Hepatitis \_\_\_\_\_ Chickenpox \_\_\_\_\_ Other infectious diseases (name and date) \_\_\_\_\_

5. Immunizations: Dates of last booster and doses received must be clearly stated.

I certify that the applicant has been immunized against the following diseases (note number of doses and dates of all boosters).

No. doses	Dates of Immunization (Yr/Month/Day)	Immunization
_____	_____	Diphtheria
_____	_____	Pertussis (Whooping Cough)
_____	_____	Tetanus
_____	_____	Rubella (German Measles)
_____	_____	Rubeola (Measles)
_____	_____	Mumps
_____	_____	Polio (Sabin - 3 or more TOPV, or Salk - 4 or more IPV)
_____	_____	BCG
_____	_____	Hepatitis
_____	_____	Other (Specify) _____

Additional comments relative to immunization: \_\_\_\_\_

6. Tuberculosis Screening: Student requires evidence of recent (within 3 months) Mantoux test - Tine is no longer adequate.  
 Mantoux test date (yr/mo/day): \_\_\_\_\_, Positive \_\_\_\_\_ Negative \_\_\_\_\_

If positive, chest x-ray results and what treatment has been given: \_\_\_\_\_

7. How long have you, the examining physician, known the patient? \_\_\_\_\_



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## Physical Examination

Please state if there are any abnormal findings in today's examination:

	Yes	No		Yes	No		Yes	No				
Head and neck	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	Abdomen (mass)	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	Skeletal System	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Ear, nose and throat	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	Hernias	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	Neurologic	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Chest/lungs	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	Rectal	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
Heart (murmur, pressure)	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="checkbox"/>	Genitalia	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	Skin	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>
					Extremities (muscular)	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>				

If you have answered "Yes" to any of the above, please provide detailed information on a separate page(s). Please type the report and include the student's full legal name at the top of the page(s).

**Certification:** I certify that I hold a valid current license to practice medicine and I have personally examined the applicant herein named and have reported my findings on page 3 and 4 and/or on a separate report which is attached hereto and made a part of this examination. Subject to my remarks and findings noted, I find the applicant:

In good health and not suffering from any mental or medical condition(s) which would preclude program participation.

Applicant suffers from mental or medical condition(s) as noted in my report.

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Physician Name	Signature	Date (yr/mo/day)
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Address	City, State, Postal Code	Telephone	Fax
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# 2018 Broomfield Ambassador Application

## Guarantee Form

(TYPE or PRINT ONLY - All signatures in BLUE ink)

Family Name/Legal Name	First/Given Name	Middle/Second Given Name	(M/F)	
Home Street Address	City	State/Province	Postal Code	Country
Date of Birth (yr/mo/day)	Place of Birth	Citizen of (Country)		

### (A) Applicant's (Chaperon) Guarantee –

I, the applicant named above agree to the following:

1. Purchase round trip air travel before I depart Broomfield, any cancellation of the trip still requires your payment of travel/air arrangements,
2. Abide by rules and decisions of the program accepting advice and supervisions of my hosts,
3. Participate and have tolerance for the difference in culture and language,
4. NOT drive a motorized vehicle,
5. NOT request permission to stay in my host country after completion of my exchange,
6. Return home after my completion of the program, follow all other Program Rules and Conditions of exchange.

### (B) Parent's/ Legal Guardian's Guarantee –

We, the parents/guardians of the above named applicant agree to the following:

1. Pay all costs of transportation and passport,
2. Pay costs for health or injury
3. Pay additional costs as *circumstances arise*,
4. Attend orientation meetings, or other required training,
5. Agree to abide by program rules.

The undersigned Applicant and Parents/Guardians hereby agree to the Applicant's and Parent's Guarantee (A and B) and the applicant is permitted to travel to the host country and live with approved families for the period specified in the program.

Signed (Applicant or Chaperon) \_\_\_\_\_ Date(yr/mo/day)

For Youth Only - Signed (Father/Guardian) \_\_\_\_\_ Date(yr/mo/day)

For Youth Only - Signed (Mother/Guardian) \_\_\_\_\_ Date(yr/mo/day)

**Signing this agreement does not exclude any other guarantees or understandings herein.**

### Pictures

Attach your  
picture here

Attach family  
picture here

Attach "interests"  
picture here

Attach other  
picture here  
(friends, pets, etc.)