

Sponsoring Rotary Club: _____



DELEGATE APPLICATION - PART I

() Primary Delegate () Alternate Delegate (Rotarian please check one)

Please TYPE or PRINT LEGIBLY!!

Name: _____

Circle one: (Male) (Female) Birth date: Month ___ Day ___ Year _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ - _____ Parent's Work Phone: (_____) _____ - _____

Student's Cell Phone: (_____) _____ - _____

I would like my FIRST NAME on my NAME TAG to read: _____

My e-mail address is: _____

DELEGATE CERTIFICATION

As an S4TL DELEGATE, I understand my attendance at S4TL requires that I actively participate in all programs and use the knowledge and skills I learn to benefit my family, school, community, and myself. I pledge to do my part to make the seminar a harmonious experience for all and to abide by all the rules and regulations. I certify that I am a student of _____ High School **and that I will be in grade 12 during the 2020/2021** school year.

Delegate Signature: **X** _____ Date _____

PARENT CERTIFICATION

I give consent for my child to participate in the Seminar for Tomorrow's Leaders at Florida Southern College, Lakeland, Florida, June 21-27, 2020. I have received and understand all the rules and regulations and responsibilities for first year delegates. I agree with the statement made by my son/daughter and will cooperate in any reasonable manner. I further understand that in order to gain maximum benefit from the S4TL program, my son/daughter will not be excused from the program at any time during the week except in case of family emergency.

Parent/Guardian Signature **X** _____ Date _____

DELEGATE APPLICATION - PART II



Please TYPE or PRINT LEGIBLY!!

PARENT/GUARDIAN MEDICAL CONSENT

Delegate Name: _____

Emergency Contact: _____ Phone:(_____) ____ - _____

Allergies Known: _____

Current Medications: _____

Current Medical Conditions: _____

Medical Insurance Company: _____

Policy Number: _____ **PLEASE ENCLOSE A COPY OF INSURANCE CARD**

I certify that the above named delegate is insured by the insurance company named above under the policy number shown.

As the parent/guardian of the above named delegate, in the event of an emergency situation, when I/we cannot be contacted immediately for authorization, I/we do hereby authorize the examination and medical treatment of him/her as may be necessary, and I/we do further accept the responsibility for payment for such treatment.

To the best of my knowledge my/our son/daughter is in good health and free from any illness or disability that might affect his/her full participation in the program.

Parent/Guardian Signature **X** _____ Date _____

Parent/Guardian Signature **X** _____ Date _____

STATE OF FLORIDA
COUNTY: _____

I hereby certify that on this day, before me, an officer duly authorized in the state aforesaid and in the county aforesaid to take acknowledgments, personally appeared to me known to be the person(s) who executed the foregoing instrument and acknowledged before me that they executed the same for the purpose therein expressed.

WITNESS my hand and official seal in the county and state aforesaid this _____ day of _____, 20____ .

_____ Notary Public, State of Florida

My Commission Expires: _____ (seal)

*******THE PARENT’S SIGNATURES MUST BE NOTARIZED*******

DELEGATE APPLICATION - PART III



Please TYPE or PRINT LEGIBLY!!

HIGH SCHOOL INFORMATION

Delegate Name: _____

High School Name: _____

School Address: _____
Street Address City Zip

I am or have been a member of the following High School organizations: _____

Offices held in the above Clubs?

Note: There will be talent presentations in the evenings during the Seminar, and they will be some of our most enjoyable events. **If you can sing, act, play an instrument, or have other talents, we encourage you to participate in these events. And don't forget to bring along your instrument, costume, etc.**

DELEGATE APPLICATION - PART IV



Please TYPE or PRINT LEGIBLY!!

HIGH SCHOOL PRINCIPAL CERTIFICATION

I hereby recommend _____, a student at _____ High School, who will be in Grade 12 during the 2020/2021 school year, to attend the Seminar for Tomorrow's Leaders program to be held on the Campus of Florida Southern College at Lakeland, Florida from June 21st through June 27th 2020.

He/she is known to be of good character, has demonstrated leadership potential, and will represent this high school with pride in the school and community.

Principal's Name (Printed): _____

Principal's Signature **X** _____ Date _____

Additional Comments: _____

DELEGATE APPLICATION - PART V



Please TYPE or PRINT LEGIBLY!!

ROTARY CLUB CERTIFICATION:

As President/S4TL Representative of the _____ Rotary Club, I certify that this club has provided _____, a proposed S4TL (___)Primary Delegate (___)Alternate Delegate (**check one**) and his/her parents or guardians with full information regarding the Seminar, including dates, insurance and financial requirements, and a copy of **THE FACT SHEET**.

I acknowledge my club's responsibilities with regard to transportation and Rotarian / Delegate / parent / high school communications.

TRANSPORTATION:

Rotarian _____, Work Phone No. (____) ____ - _____,

e-mail address: _____, Home Phone No. (____) ____ - _____

Cell phone No. (____) ____ - _____, will transport the delegate to the Seminar on June 16th;

and Rotarian _____, Work Phone No. (____) ____ - _____,

e-mail address: _____, Home Phone No. (____) ____ - _____

Cell phone No. (____) ____ - _____, will pick up the delegate at 12:00 p.m. on June 22th

"To be determined" is not an acceptable entry for transportation, since that will not help us when the delegate or parents call us asking for transportation information. Please get your Rotarians to commit to this task before you send this application.

Our Club agrees to provide at least two (2) Rotarians who will attend S4TL during the week (per schedule received) and take part in the vital Rap Session portion of the Seminar Program. We further agree to provide an opportunity for the S4TL delegate to address our club after his/her return from the Seminar to report on his/her experience during the week.

Club President or S4TL Rep. Signature **X** _____ Date _____

Home phone No. (____) ____ - _____ Cell No. (____) ____ - _____ Work No. (____) ____ - _____

Email completed forms to: s4tldirector2019@gmail.com OR

Mail to: S4TL
c/o Mitch Hernandez
2429 Central Avenue, Ste 203
St. Petersburg, FL 33713

S4TL General Media Release



Any pictures or recordings will only be used in the activities and promotions of the Seminar. Delegates will be part of a year book and daily newspaper featuring images throughout the week. Pictures taken during the Seminar are routinely used by delegates when they return to their local Rotary Club to give a talk on their experience.

June 21st, 2020 ó June 27th, 2020

- 1) I, the undersigned, hereby authorize Seminar for Tomorrow's Leaders to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
- 2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Seminar for Tomorrow's Leaders (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name _____

Signature & Date _____

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian

Date

Address of Parent/Guardian (if different)

(_____) _____
Phone Number (if different)

City, State, Zip Code