Robert B. Sturm Youth Leadership Mission
to the United States Holocaust Memorial Museum in Washington, D.C.
Sponsored by the Mountain States and
Plains States Regional Offices of the Anti-Defamation League
March 15 – March 18, 2009
Student Application Profile

(Please print **legibly all** information requested)

Name_______________________________________ Email Address_______________________________________

Date of Birth__________________________Age__________________________T-Shirt Size___________________

Address______________________________City/State/Zip____

Parent(s) (Guardian)____

Name of School_______________________________Grade____

The following information is **required** to ensure that your needs are met while attending the Robert B. Sturm Youth Leadership Mission to Washington, D.C. Information is confidential and will be made available only to those who are directly responsible for your well-being. In the event of an emergency, every effort will be made to contact the designated individual.

Emergency Contact____Relationship__________________________

Home #_______________Work #_______________Cell #____

If first emergency contact cannot be reached, please contact:

Alternate Contact_____________________________________Relationship_________________________________

Home #_______________Work #_______________________Cell #_______________________________________

Family Physician______________________________Phone____

Health Insurance______________________________Policy____

Address_____________________________________City, State, Zip_____________________________________

Health Information

Please list any physical or behavioral conditions that ADL should be aware of, (i.e., Sleepwalking, epilepsy, fainting, asthma, hyperactivity, nosebleeds, etc). Attach an extra sheet if necessary. Please be specific.

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This trip is made possible by a generous donation from Robert B. Sturm of Denver, CO

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Are you allergic to any foods, medications or insect bites? (Y/N) If yes then please specify the nature of your allergies:

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Are you allergic to bees? (Y/N) Allergic to nuts? (Y/N) Carrying an epipen? (Y/N) Possible reactions?

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Attach an extra sheet for additional information regarding allergies, possible reactions or other necessary information.

Date of last tetanus shot:_________________Recent surgery or illness____

My child/ward, ________________, has my permission to attend the Robert B. Sturm Youth Leadership Mission to Washington, D.C. March 15- March 18, 2009. **IN CASE OF MEDICAL OR SURGICAL EMERGENCY**, I hereby authorize the physician selected by the program director to secure all proper and required treatment for my child.

Participant____Date__________________________

Parent/Guardian ____Date_________________________________

General Photograph Release

I agree that any photographs of my child/myself taken by any ADL staff or others authorized by them, or any photographs, video, writing, artwork and/or testimonials submitted by my child/myself to ADL shall be the property of ADL and may be used by ADL for any publicity, marketing and/or advertising purposes, and I hereby consent to and authorize such use without restriction.

Signature____Date__________________________

Parent/Guardian Signature______________________________________Date_________________________________