Brought to you by the: Kiwanis Club of Grand Cayman Sponsored by: Ogier

APPLICATION FORM – 2025

Youth Leadership Day

John Gray High School Atrium

Sunday, October 26th from 1pm-5pm

Registration begins at 12:30pm

YOUTH SERVICES PROJECT OF THE KIWANIS CLUB OF GRAND CAYMAN

ATTENDEE INFORMATION (Please print in BLOCK CAPITALS)			
Last name		First names	
Date of birth		Gender	M F
Telephone			
E-mail			
High School name			
Current grade			
Medical or dietary conditions			
Allergies			
PARENT/GUARDIAN INFORMATION			
Last name		First names	
Telephone			
E-mail			

Signature of applicant

Date

Signature of parent/guardian

Date

Email completed form to leadership@kiwanis.ky .

Cut-off date for applications is Friday, October 24th. For further information, call Kadi at 916-8664.

Please note that students are not allowed to leave the event at any time.

Once they arrive on Sunday, they will remain on Campus until 5pm that day.

Brought to you by the: Kiwanis Club of Grand Cayman **Sponsored by:** Ogier

Kiwanis Club of Grand Cayman ("KCGC") Youth Leadership Day Community Values Agreement

KCGC Youth Leadership Day participants, adult advisors and invited guests are expected to demonstrate behavior consistent with the high ideals of the KCGC Youth Leadership Day program and agree to abide by the provisions of this agreement while in attendance at any KCGC Youth Leadership Day event. Every member will respect the authority of the KCGC Youth Leadership Day site coordinator and volunteers.

Responsible Behavior

1. Participants may not possess or consume any alcoholic beverages.
2. Participants may not possess or use any drugs or other controlled substances, with the exception of medication prescribed for the attendee.
3. Participants may not possess or use tobacco products.
4. Participants must abstain from any activity of a sexual nature.
5. Participants may not possess weapons, firecrackers, or anything of a dangerous nature or act in any way.
6. Participants may use personal cell phones and electronic devices only during free time as designated by the site coordinator. At all other times, they must be switched off. They may NOT be muted or listened to on ear-phones.

Dress Code

1. Participants may wear "casual" clothing. This includes shorts, t-shirts, jeans, sweatshirts.
2. At no time will any clothing with inappropriate language or graphics be allowed. Any shirts, shorts, or skirts deemed to be of inappropriate length will not be allowed.
3. All participants are required to wear their name badge for all day events.

Enforcement

1. Violations of this agreement will result in notification to the respective persons.
2. Violations involving destruction of property, or possession, consumption or use of alcoholic beverages or controlled substances will result in dismissal of the attendee from the event.
3. Notification, in writing, will be made by the Kiwanis staff or his or her representative, to the participant's high school, and to the parents of any member disciplined under this section.
4. These values are effective as of the time you arrive at this event, until the time you depart.

Please note that students are not allowed to leave during KCGC Youth Leadership Day at any time. Once they arrive on Sunday, they will remain on campus until 5pm that day.

By signing this document, I also acknowledge that I am aware that photos taken of me during the event may be published on social media or other marketing and promotional materials for the Kiwanis Club of Grand Cayman.

KCGC Youth Leadership Day Participant

Name (please print) Signature Date

KCGC Youth Leadership Day Parent/Guardian

Name (please print) Signature Date

Brought to you by the: Kiwanis Club of Grand Cayman Sponsored by: Ogier

KIWANIS Club of Grand Cayman Youth Leadership Day - AUTHORIZATION TO ATTEND CAYMAN ISLANDS 2025 EVENT

EMERGENCY MEDICAL TREATMENT AUTHORISATION

Please type or print all information. This form must be completed fully by the attendee's parent or legal guardian.

Participant

Name _____
Last name First name Middle Initial

Mailing Address_____
PO Box ZIP/KY #

_____
Street Address

Gender (circle one) F M

Birth Date: Day_____Month_____Year _____

Emergency Information

In case of emergency, please contact:_____ Relationship to participant _____

Daytime phone ( )
_____ _____ _____ _____

Alternate contact_____ Relationship to participant_____

Daytime phone ( )
_____ _____ _____ _____

Medical Information

Health Insurance Company_____Policy Number _____

Group Name/Number on Insurance Coverage _____

Telephone number or other contact information shown on insurance card _____

Will the Youth Leadership Day participant be taking any prescription medication or over-the-counter drugs of any type during the event? (Circle one) YES NO

If yes, please explain (continue overleaf) : _____

Has he/she ever been or currently being treated for (Circle either YES or NO):

Nervousness?	Yes	No	Rheumatic Fever?	Yes	No	Asthma?	Yes	No
Convulsion or epilepsy?	Yes	No	Cancer or tumors?	Yes	No	Diabetes?	Yes	No
Heart Condition?	Yes	No	Headaches or Migraines?	Yes	No	Allergies to medication?	Yes	No
High Blood Pressure?	Yes	No	Fainting Spells?	Yes	No			

List any allergies or other medical conditions of which we need to be aware (continue overleaf): _____

For routine first aid needs, list any O-T-C medications that the KCGC Youth Leadership Day Participant may NOT take (continue overleaf): _____

Medical dietary needs (continue overleaf): _____

I am the parent or legal guardian for the above-named KCGC Youth Leadership Day participant and give my permission for him/her to attend the day event, hosted by the Kiwanis Club of Grand Cayman. I also have read and understand the Community Values Agreement, and I understand that a violation of certain provisions of these rules may result in the dismissal of my KCGC Youth Leadership Day participant from the event. I hereby certify that the information provided above is correct. In the case of medical emergency, I understand that every effort will be made to contact the emergency contacts listed above. In the event those persons cannot be reached or time does not permit, I hereby give permission to a licensed physician *or other licensed medical provider,* to provide proper treatment, including but not limited to hospitalization, injection, anesthesia and/or surgery, for the above-named KCGC Youth Leadership Day participant. On behalf of myself and my ward/minor, I/we hereby RELEASE, WAIVE AND FOREVER DISCHARGE Kiwanis International and The Kiwanis Club of Grand Cayman and their officers, directors, employees, parents and subsidiaries, agents, from any and all claims, liabilities, causes of actions, damages, demands, judgments, executions, liens and costs whatsoever, in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against Kiwanis International and The Kiwanis Club of Grand Cayman for obtaining medical emergency services for said KCGC Youth Leadership Day participant pursuant to this authorization.

Parent or guardian (Block capitals) **Signature** **Date**