

Dwayne Crawford  
*Executive Director*

# National Organization of Black Law Enforcement Executives

Perry Tarrant  
*National President*

## 16TH ANNUAL NOBLE YOUTH LEADERSHIP CONFERENCE

### “Defining Your Destiny”

July 30 - August 2, 2017

Hyatt Regency Atlanta  
Saint Philip AME Church  
Atlanta, Georgia

### YOUTH LEADERSHIP CONFERENCE APPLICATION

Since 1976, NOBLE has served as the “Conscience of Law Enforcement,” addressing critical issues germane to improving both the law enforcement profession and its service to our community. The NOBLE Youth Leadership Conference is one component of NOBLE’s community outreach efforts. Youth, 14-18 years old, will participate in a leadership conference in conjunction with the 41<sup>th</sup> Annual NOBLE Training Conference and Exhibition. The NOBLE Youth Leadership Conference will include workshop topics such as:

- Community Advocacy
- Financial Management
- Leadership Development
- Strategic Planning
- Knowing your Political Landscape

#### What is the cost?

The program is **FREE** for all participants. Transportation to and from the conference is the responsibility of the applicant.

#### Who is eligible?

Youth, both male and female, ages 14-18, nominated by an adult or organization.

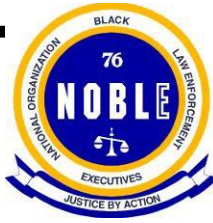
#### What are we looking for?

- A broad representation of youth who have an interest in and the capability of becoming leaders.
- Students whose applications indicate a strong motivation to attend.
- Students with a variety of interest and hobbies.

The application is due no later than July 17, 2017 to ensure your participation in the youth leadership conference. If you have any questions regarding the NOBLE Youth Leadership Conference, please send your inquiries to [youthcommittee@noblenatl.net](mailto:youthcommittee@noblenatl.net) or call (202) 324-6839.

**PART 1 Attendee Information**

<u>Attendee's name</u>		<u>Age</u>
<u>Circle one:</u> Freshman Sophomore Junior Senior		<u>School name</u>
<u>Home address</u>		
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>Home telephone</u>		<u>Email Address</u>
<u>Cell Number</u>		<u>T-Shirt Size</u>
<u>Education/career plans</u>		
<u>What organization are you applying through?</u>		
<u>If selected, what would you like to talk about at the NOBLE Youth Leadership Conference?</u>		



## **PARENT PERMISSION/WAIVER/MEDICAL/PHOTO RELEASE FORM**

**Type or Print Clearly All Information.**

**Youth attendees must bring this form signed by a parent or guardian.**

**Youth will not be able to participate without a signed form.**

**(This form is for all participants under the Age of 18)**

### **CONTACT INFORMATION**

PARTICIPANT'S NAME \_\_\_\_\_ SEX \_\_\_\_\_

DATE OF BIRTH (month/day/year) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

From July 30-August 2, 2017, your child will be participating in the NOBLE Youth Leadership Conference in Atlanta, Georgia. He/She will be attending the conference and developmental workshops that will contribute to the success of this program. Attendance at and involvement in each of these activities is important to your child's overall development as a participant in this program. While NOBLE staff and volunteers will take all precautions to protect every child against injury the undersigned is aware that there are certain inherent risks when participating in any physical activity and there is always the possibility of an accident.

**WAIVER OF LIABILITY/HOLD HARMLESS (Please read carefully)** - In consideration of the NOBLE Youth Leadership Conference allowing my child to participate and be involved in the NOBLE Youth Leadership Conference and related activities, I, the undersigned, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, do hereby release, forever discharge and agree to hold harmless and indemnify NOBLE, its directors, officers, chapters, volunteers, agents and employees from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expense, of any nature whatsoever which may be incurred by the undersigned and/or the youth participant while involved in the NOBLE Youth Leadership Conference and related activities.

I on behalf of myself and my minor child/ward hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in the NOBLE Youth Leadership Conference and related activities involved therein.

**I HAVE READ AND UNDERSTAND THE ABOVE WAIVER OF LIABILITY/HOLD HARMLESS CLAUSE, AND BY MY SIGNATURE BELOW, I AGREE TO THE TERMS AND GRANT MY CHILD PERMISSION TO PARTICIPATE.**

**TRANSPORTATION PERMISSION/WAIVER** – I, the undersigned hereby give my permission for my child/ward to participate in all field trips related to the NOBLE Youth Leadership Conference and to be transported as necessary during said field trips. I, the undersigned agree to the same waivers and releases of liability as stated above and herein during the field trips and while being transported to and from.

**PHOTO/IMAGE RELEASE** – I, the undersigned do grant NOBLE permission to utilize my child's name, voice, statements, photograph, image, likeness, actions and/or biographical data in any live or recorded form (including, but not limited to, any form of video display or other transmission or reproduction), in whole or in part, for promotional, commercial or any other purpose, in perpetuity worldwide in any media whether now known or hereafter created without any additional consideration.

**MEDICAL TREATMENT AUTHORIZATION/RELEASE INFORMATION** -To be completed by Parent/Guardian

Do you feel your child may need an accommodation to participate in the NOBLE Youth Leadership Conference in any way or may have any restrictions on participation?

Yes\_\_\_\_\_No\_\_\_\_\_If yes, please explain\_\_\_\_\_

Is your child currently taking medication (prescribed or otherwise – cold medication, etc.)?

Yes\_\_\_\_\_No\_\_\_\_\_If yes, please advise what is taken, how often and reason\_\_\_\_\_

Does your child have any allergies or reactions to any medications, insect bites, foods (seafood, dairy products, nuts, etc.) or any other medical limitations?

Yes\_\_\_\_\_No\_\_\_\_\_If yes, please identify and explain\_\_\_\_\_

I, the undersigned, do hereby authorize an adult staff and/or volunteer at the NOBLE Youth Leadership Conference, who may be the chaperone of my child, consent to any emergency medical or dental examination, diagnosis or treatment and hospital care deemed to be necessary as recommended by a physician or medical professional at a licensed hospital, medical, or emergency care facility.

I agree and understand that all reasonable efforts will be made to contact the parties listed on the form in the case of an emergency; however, if I or they cannot be reached, I give permission for NOBLE and/or its representatives to act on my behalf and to authorize necessary treatment and services to the child/ward.

**I the undersigned agree to the same waivers, indemnification and releases of liability as stated above and herein in regards to any and all injury, and or claims related to or deriving from any emergency medical or dental services while attending the NOBLE Youth Leadership Conference.**

I also agree to be liable and pay for any and all costs and expenses incurred in connection with such emergency medical or dental services rendered to the child/ward.

Physician Name: \_\_\_\_\_ Physician Telephone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Insurance Card # \_\_\_\_\_

**ACKNOWLEDGEMENT/SIGNATURE:**

My signature below indicates that I have read all of the above and understand all the information contained herein. I am confirming that my child has permission to participate in the NOBLE Youth Leadership Conference and all related activities, unless otherwise specified on this document. I also authorize emergency medical treatment if it is necessary for my child.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child/Ward \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

