



Program 2011 Application

I. Applicant General Information (Please Print)

Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

II. Education

(Please include a copy of a current transcript or report card with this application)

School Attended: _____ GPA: _____

Address: _____

Teacher: _____ Grade: _____

Major: _____ Last Year Completed: _____

III. Statement of Interest

On a separate sheet of paper, please let us know why you are interested in attending JR Executives Leadership Program. If selected, what do you hope to gain from this program? How will participation in the program complement your interest and/or past experiences in leadership? Please include dates and descriptions of pertinent extracurricular activities or past leadership experiences. What do you believe is the role and responsibility of a leader? What are your career interests?

IV. Emergency Information

Primary Contact Name: _____

Address: _____

Phone: _____ Relationship: _____

Secondary Contact Name: _____

Address: _____

Phone: _____ Relationship: _____



JR EXECUTIVES LEADERSHIP PROGRAM PARENT PERMISSION FORM

Please Note: It is the responsibility of the parent to submit one signed parent permission form for each student attending the JR. Executives Leadership Program. The signed parent permission form must be sent to the **JR Executives no later than August 20, 2011**. If the parent fails to submit the student permission form(s) by the deadline, the student may not be able to attend the JR Executives. This permission form also gives JR Executives Executive Director and staff permission to visit my child's school to discuss their performance with the school staff.

This is to certify that _____ has my permission to attend the JR. Executive – Strong, United, and Successful Leadership Program.

I/we do hereby absolve and release JR Executives or other responsible adult and the assigned JR Executives staff from any claims for personal injuries or illness which might be sustained while he/she is onsite, traveling to and from or during the community sponsored activity.

Participant's Last Name _____ First Name _____

Participant's Street Address _____

Participant's City/State/Zip _____

Home Telephone Number _____ Grade Level _____ Date of Birth _____

Parent/Guardian Name(s) _____

EMERGENCY INFORMATION

I/we authorize JR Executives or other responsible adult to take the above-named student to a physician or emergency room of a hospital and to incur expenses for necessary services and realize payments of these costs is my/our responsibility.

Name of Emergency Contact Person _____

Home Telephone Number _____ Work Telephone Number _____

Cell Phone Number _____

Family Physician Name _____

Physician Phone Number _____

List Medications the Student Is Taking _____

List Any Other Medical Requirements _____

Insurance Company Name _____ Plan Number/Group Number _____

We have read and agree to JR Executives program. We also agree that JR Executives has the right to release any student who has violated the program requirements. Expenses, including but not limited, course material, transportation, and travel expenses shall be at the expense of the parent.

Student Signature Date

Parent Signature Date