



Youth Leadership Conference Registration Form

**Tioga Downs Resort
June 13, 2026**

Name: _____ Local Chapter: _____

Address: _____ Region: _____

City/State/Zip: _____

Phone: _____ E-Mail Address _____

Completed form and email to hrico@twcny.rr.com

NO PAYMENT IS NEEDED

Individual Meals:

Saturday Lunch

Dietary Requirements:

Diabetic Gluten Free Low Sodium Lactose Intolerant

Special Diet Other – please specify: _____

Name Tag Information:

YL Participant - What you would like on your nametag:

What is your future career _____ (i.e., engineer, nail technician, doctor, lawyer, hair stylist, actress – what do you want to be?)

New York State Women Inc
Youth Leadership Conference
June 13, 2026
Code of Conduct

The following rules have been adopted to insure the comfort and pleasure of everyone attending the Youth Leadership Conference. This includes YL attendees attending for the day or staying over night.

1. No Youth Leadership Conference (YLC) attendee shall be permitted to leave the hotel grounds for any purpose until the close of the conference. This excludes planned Youth Leadership activities by the committee.
2. No YLC attendee will be allowed to charge any expenses to the hotel bills. All attendees must pay cash for personal hotel expenses
3. No YLC attendee will be permitted to drink or have in her possession or in her room any intoxicating beverage including beer and wine. The same rule applies to the use of any drug, narcotic, or controlled substance, except prescribed medicine.
4. Care shall be taken not to deface any property. Throwing of any objects from hotel windows is prohibited.
5. An 11:30 p.m. curfew will be observed and enforced. All chaperones shall make sure that those YLC attendees for whom they have assumed responsibility are in their assigned rooms at curfew. Unnecessary noises at any hour are prohibited.
6. No member of the opposite sex will be permitted in any room assigned to the YLC attendees.
7. Attendance is mandatory at all scheduled events
8. Name tags must be worn at all times during the conference.
9. Dress code is business casual.
10. Smoking is not permitted at any time during the conference.

I agree to abide by the Conference Code of Conduct

Signature

Date

Mail completed form to: Helen Rico, 7980 River Road, Rome, NY 13440

Questions can be sent to Helen Rico at hrico@twcny.rr.com Please include your name and email address.

New York State Women Inc
Youth Leadership Conference
Insert date

MEDICAL FORM

Dear Parent/Guardian:

In the unlikely event of a medical emergency, it is important for the Conference Chair to have the following information and authorization from you. It is VERY IMPORTANT for you to complete this form.

Student Name _____

Parent/Guardian Name: _____

Student's Date of Birth _____

Allergies: _____

Health Insurance Carrier: _____ Contract # _____

Any medical/health related issues the Conference chair should be aware of:

Current Medications: _____

Family Doctor: _____ Doctor's Phone #: _____

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

In the event that _____ becomes ill or is seriously injured and requires emergency medical treatment and I, as her parent/guardian cannot be contacted, please accept this statement as my authorization for her to be treated as required by a fully accredited physician at a fully accredited hospital. Should emergency procedures (surgery, etc.) be required, we ask that at least two (2) specialists in the appropriate field concur on the diagnosis and prescribed treatment.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Phone # _____ Parent/Guardian E-Mail: _____

Although this form is not required to be notarized, it is suggested that you do so. Please, if notarized, do so in the space below.

Please insert your chapter name here _____

RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK

In consideration of being allowed to participate in the NYS Women's Inc. Youth Leadership program activities sponsored by _____ NYS CDO and NYS Women Inc, I hereby understand and agree to this release of liability, waiver of legal rights, and assumption of risk and to the terms hereof as follows:

1. I acknowledge that I, _____ will be driven by a NYSW inc member to the site to which the Youth Leadership will take place at **Tioga Downs**. Driving to this location is an activity that is subject to mishap and even injury to participants, including the potential for permanent paralysis and death. I understand and acknowledge that car transportation have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN the process of being transported to the site to which the Youth Leadership program will take place.

Initial here ☒ _____

2. I take full responsibility for, RELEASE AND HOLD HARMLESS both the NYS CDO and NYSWomen Inc, their owners, officers, elected officials, agents and employees from any and all liability, claims, demands or causes of action that I may hereafter have for injuries or damages arising out of my participation in **Youth Leadership program** activities, included, but not limited to, losses CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES.

Initial here ☒ _____

3. I further agree that I WILL NOT SUE OR MAKE CLAIM against the Released parties for damages or other losses sustained as a result of any injury, or death, sustained from my participation in **Youth Leadership** activities. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from all claims, judgments and costs including attorney's fees, incurred in connection with any action brought as a result of participation in (**Youth Leadership**) activities by any of the undersigned.

Initial here ☒ _____

4. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights, and Assumption of Risk is a contract pursuant to which I have released any and all claims against the Released Parties resulting from any injury, or death, sustained from participation in (**Youth Leadership**) activities including any claims for negligence of the Released Parties.

Initial here ☒ _____

5. I further represent that I am at least 14 to 18 years of age, I waive and release any and all legal rights that may accrue to me as the result of any injury I may suffer while engaging **in Youth Leadership** activities.

Initial here ☒ _____

6. I further agree to allow my Youth Leadership participant to have their picture taken and to be used in future publications (NIKE), publicity or on the NYS Women Inc or NYS CDO website.

Initial here ☒ _____

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

On this the day, _____ of _____ 20 _____

Signature of Parent or Guardian of Child Participant: ☒ _____

Name of Parent of Child Participant: ☒ _____

(Please Print)