

MEDIA RELEASE FORM
The Greater Southern Dutchess Chamber of Commerce
Chamber Foundation Inc.'s Youth Leadership

I give the Greater Southern Dutchess Chamber of Commerce and The Chamber Foundation, Inc. permission to use images and/or photographs of my son/daughter_____ to market and promote its education and career development programs. This includes but is not limited to usage in Greater Southern Dutchess Chamber of Commerce newsletters, direct mail pieces, press releases, Web marketing, and all other electronic media.

Parent/Guardian Full Name (please print)_____

Telephone (day)_____ Telephone (evening)_____

Signature_____ Date_____

Questions? Please contact The Chamber Foundation: (845)296-0001. Thank you!



Youth Leadership Program CONTRACT FOR COMMITMENT FORM

I agree to be an active participant in the Youth Leadership Program throughout the school this year. I will attend the monthly Youth Leadership meetings and participate actively in project work. I will be respectful of the presenters and the other students in the program. I understand that I may miss only one of the nine regularly scheduled meetings. If I miss 2 or more meetings, I will make them up by participating in 5 hours of community service time for every missed meeting such as:

- Facilitating Sharpe Retreat
- Participating in the Alzheimer's Walk in October
- Participating in Children's Services Council Programs
- Participation in Youth Bureau programs
- Community Service above and beyond that required in Youth Leadership
- Serving as a YL Committee Leader

I understand that my school advisor and the coordinator will evaluate my performance biannually. I have read the important Youth Leadership policy information I received in this packet.

Student Signature

Date

Student Name:	Parent Name:
e-mail address:	Phone #:
Home address:	Emergency Phone #:
	Doctor Name:
School in September 2008:	Doctor Phone:

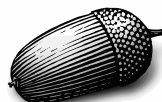
Any special dietary needs, including allergies _____

Medications: _____

PARENTS:

My son/daughter _____ has my permission to participate in the Youth Leadership Program. I agree to arrange for transportation for my child to and from YL meetings. I understand that my child should be at the meeting place 10 minutes prior to meeting start time. Meetings will be on the 3rd Wednesday of every month from 6:45 p.m. to 8:45 p.m.

PARENT'S SIGNATURE _____ **DATE** _____



Youth Leadership Program
SHARPE PERMISSION FORM 2008-2009

Complete and return the top part of this form to The Chamber Foundation, Inc. by September 10, 2008. Please save the bottom section for yourself.

STUDENT NAME _____ PARENT NAME _____

ADDRESS _____ PHONE # _____

_____ EMERGENCY PHONE # _____

SCHOOL _____ DOCTOR _____

EMAIL _____ DOCTOR'S PHONE # _____

Any special dietary needs, including allergies _____

Medications: _____

I will attend the overnight weekend training at Sharpe reservation **on Friday, September 26, (4:30 p.m.) through Saturday, September 27 (pickup: 4:00 p.m.).**

Student signature

I agree to bring my daughter/son to Sharpe Reservation on Friday, September 26 by 4:30 p.m. and I also agree to pick him/her up on Saturday, September 27 at 4:00 p.m.

Parent signature

Please sign and mail to: The Chamber Foundation
 The Nussbickel Building
 2582 South Avenue
 Wappingers Falls, NY 12590

PLEASE NOTE: SHARPE RETREAT –September 26 (4:30 p.m.) – September 27 (4:00 p.m.) Camp Hidden Valley

All food and drinks will be provided, included snacks. Students will be sleeping in cabins. Dress appropriately for the weather. There will be outdoor activities.

Bring sleeping bag, toiletries, towel, flashlight, sneakers, and a change of clothes.

Bring 1-2 items that represent who you are (i.e. book, art, sport item, religious item, music, etc). You will be sharing these items in small groups.

