



Military Youth Ambassadors

12953 S. Minuteman Dr. Draper, UT 84020

info@MilitaryYouthAmbassadors.org

Application Instructions

The information you provide will help to determine your acceptance in the Military Youth Exchange program, and your placement in a host family. Furthermore, your information will be provided to Military Youth Ambassadors (MYA) and will not be sold to or shared with third parties, unless its release is required by law. If you are accepted as a Military Youth Ambassador, some of the information in this application will be sent to your host country and will serve as your introduction to the people who are being asked to host you.

SECTION 1 – INSTRUCTIONS AND INFORMATION

Read all directions on each page carefully before completing the application. Use the checklist on the last page to ensure that you have completed all sections and obtained all necessary signatures.

Components Of Your Application

- All forms and waivers.
- Additional Information from your doctor or dentist as required.
- Copies of your passport (If available at time of application, copies not needed until March of your traveling year)

Application Deadline:

1 November of Current Year

Youth & Host Family Interviews

NLT 30 November of Current Year

Youth & Host Family Notifications

NLT 31 December of Current Year

Typical Exchange Dates

2 Weeks between July – Early-August

Filling Out Your Application

Only computer-generated (or typed) applications are accepted (no hand-written applications). Answer all questions completely and as asked (do not write “same,” “see above,” or “see page”). Make sure to use correct grammar and spelling. Make note of the formats specified for date fields and other items. Wherever the application asks for your full legal name, enter your name exactly as it appears on your passport or birth certificate.

Signing Your Application And Forms - Be sure to provide computer-printed forms or good-quality scanned photocopies. To accomplish this:

1. Complete the application form and all accompanying forms. Print and sign. Digital signatures are also acceptable.
2. Medical waiver. Dates should cover either hosting or traveling year, completed annually.
3. The photo of yourself that you attach must be original photographs or good quality color prints on all sets. You may digitally insert the photos into the document or attach them to your digital application packet.

Application Procedures / Additional Information

1. The deadline for this application is 1 November of current year. Applications WILL be considered after the deadline date if alternate youth or host families are needed but will only be considered after all timely applicants have been considered.
2. Collate all paperwork appropriately, attach all photos where indicated, and your checklist (final page). Do not submit this instruction page.
3. Interviews with youth applicants and host family parents will take place NLT 1 December of current year.
4. Final approval of all youth and host families will be sent before December 1st, 2019.

Statement Of Conduct for Working With Youth

Military Youth Ambassadors strives to create and maintain a safe environment for all youth who participate in youth exchange activities. To the best of their ability, host families, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual, and emotional abuse.



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Application Checklist

Use this checklist to ensure that you have all of the necessary parts for your application. All forms must be completed digitally. All photographs must be good-quality color reproductions.

SECTION 1 - YOUTH PARTICIPANT INFORMATION		
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F
		Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address
Email		
SECTION 2 – REQUIRED DOCUMENTS / FORMS		
1.	Military Sponsor Information (Military Sponsor Information included in MYA Application Binder and as an individual document. Only one executed copy needed.)	<input type="checkbox"/>
2.	MYA Participant Application Binder (Includes: All necessary documentation.)	<input type="checkbox"/>
3.	Copies of your passport (If available at time of application, copies not needed until March of your traveling year)	<input type="checkbox"/>
Final Instructions: Upload documentation into the “Files” tab in your account on www.MilitaryYouthAmbassadors.com .		



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Military Sponsor Information

Military sponsors must be present or former members of the Utah National Guard (UTNG) and must be a related family member of the participating youth. All relationships will be considered but priority will be given to military dependents.

SECTION 1 - YOUTH PARTICIPANT INFORMATION			
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input checked="" type="radio"/> M <input type="radio"/> F	Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address	
Email			
SECTION 2 – ELIGIBILITY: MILITARY SPONSOR INFORMATION			
Sponsor's Name (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
Relationship to Participating Youth		Is this the primary physical residence the participating youth normally resides at? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Military Status <input checked="" type="checkbox"/> MDAY / DSG <input checked="" type="checkbox"/> AGR / ADOS / TECHNICIAN <input checked="" type="checkbox"/> FORMER / RETIREE	Assigned unit (if applicable) <input checked="" type="checkbox"/> Army National Guard <input checked="" type="checkbox"/> Air National Guard	Date of Discharge / Separation / Retirement <i>If former or retiree, please attach your DD 214 or NGB 22 showing a General or Honorable Discharge from the UTNG.</i>	
Will the Military Sponsor Be the Primary Parent / Guardian for the two-week exchange? <i>* This individual is the primary individual responsible for attending all meetings, events, activities, and is responsible for the safety and welfare of the Moroccan youth during the two- week exchange. (If no please list Primary Parent / Legal Guardian below)</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Primary Parent's / Legal Guardian (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
Relationship to Participating Youth		Is this the primary physical residence the participating youth normally resides at? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SECTION 3 – SPONSOR'S SIGNATURE			
Sponsor's Name (LAST, FIRST, MI)		Sponsor's Signature	Date
SECTION 4 – UNIT AUTHORIZATION			
Commander / AO/ or Authorized Representative Endorsement (Current Members): By signing below, I attest that the individual above is in good standing with the military and has no obligations that would interfere with his/her ability to support each two-week exchange.			
Rank / Name (LAST, FIRST, MI)	Unit:	Authorized Signature	Date



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Participant Application

The Military Youth Ambassadors (MYA) requires us to ask the following questions to qualify you as a Host family. The information collected will be used only for the purposes of determining who to admit into the program this year, how to place each Moroccan youth so the needs of each youth can be met, and for statistical data. This information will remain confidential. Completion of this application does not guarantee program participation.

SECTION 1 - YOUTH PARTICIPANT INFORMATION		
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input checked="" type="radio"/> M <input type="radio"/> F
		Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address
Email		
Preferred Name	Cell Phone (Leave blank if applicant does not have a cell phone.)	
SECTION 2 – PARENT / LEGAL GUARDIAN(S)		
<p><i>* This individual is the primary person responsible for attending all meetings, events, activities, and the safety and welfare of the Moroccan youth during the two-week exchange. The address listed must be the physical address the youth will live during the two-week hosted exchange.</i></p>		
Primary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #
		Is this the primary physical residence the participating youth normally resides at? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email		Physical Address
Occupation		
Secondary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #
		Is this the primary physical residence the participating youth normally resides at? <input type="checkbox"/> YES <input type="checkbox"/> NO
Email		Physical Address
Occupation		
Who will be providing transportation to the required group activities and events?		<input type="checkbox"/> Primary Parent <input type="checkbox"/> Secondary Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other Family Member <input type="checkbox"/> Youth Self Transport (If Over Age 16) <input type="checkbox"/> Other
In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)?		<input checked="" type="radio"/> Primary <input type="radio"/> Secondary
<input type="checkbox"/> Check here if your parents are divorced or separated.		
<p>Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the youth's participation. Explanation is required if signatures of two parents or legal guardians are not provided. Please explain below or attach official supporting documentation.</p>		

SECTION 3 – HOST FAMILY / HOME INFORMATION

What amenities will be available in your home for participating youth?	<input type="checkbox"/> Single Room <input type="checkbox"/> Shared Room <input type="checkbox"/> Wi-Fi / Internet <input type="checkbox"/> Other		
Is the home the site of a functioning business? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any pets in the home? If yes, please list them here:	<input checked="" type="radio"/> YES <input checked="" type="radio"/> NO	
Please list all individuals residing in the host family's home. Include their gender, age, and relationship to the participating youth			
NAME (LAST, FIRST)	GENDER	AGE	RELATIONSHIP
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
Have any of the individuals residing in the residence ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will all individuals over the age of 18 WILLING to and pay for a background check? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will any individual residing in the residence have issue with hosting a Muslim youth? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any pets in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list them here:	Do you or individuals in your home: Smoke or use tobacco products? Drink alcohol? If yes, are you willing to refrain from use in the presence of your Moroccan Youth?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 4 – PHOTOS

Student's Photos: Select a color photograph for each topic below, and digitally insert or attach each photo to this page. Include brief captions, to describe the photos.

Photo of Youth and Family	Photo of Youth

SECTION 5 – SIGNATURES

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a Military Youth Ambassador in the Military Youth Exchange program, and will, to the best of my ability, maintain the high standards required of a Military Youth Ambassador should I be chosen to represent my community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

Participating Youth (LAST, FIRST, MI)	Participating Youth Signature	Date
Parent or guardian/s (LAST, FIRST, MI) (if necessary)	Parent/Guardian Signature (If Participant under 18)	Date
Secondary Parent / Guardian (LAST, FIRST, MI) (if necessary)	Secondary Parent Signature (if necessary)	Date



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Youth Information Sheet

The information below will help us pair you with a youth that enjoys similar activities. Please fill in each blank honestly and to the best of your ability.

THIS FORM IS TO BE FILLED OUT BY THE YOUTH ONLY, NOT A PARENT OR GUARDIAN.

SECTION 1 - YOUTH PARTICIPANT INFORMATION					
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)			Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Date of Birth: (MM/DD/YYYY)
Citizen of (Country)			Physical Address		
Email					
Preferred Name		Cell Phone (Leave blank if applicant does not have a cell phone.)			
SECTION 2 - PERSONAL & SOCIAL INFORMATION					
Favorite Food		Favorite Treat	Favorite Music		Fitness Level <input type="checkbox"/> HIGH <input type="checkbox"/> MODERATE <input type="checkbox"/> LOW
Dietary Restrictions and/or Preferences		<input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Pescatarian <input type="checkbox"/> Gluten Free <input type="checkbox"/> Lactose Free <input type="checkbox"/> Diabetic <input type="checkbox"/> Kosher <input type="checkbox"/> None <input type="checkbox"/> Other			Food allergies: <input type="checkbox"/> Nuts <input type="checkbox"/> Seafood <input type="checkbox"/> Other
On a scale from 1 to 5, do you consider yourself to be more outgoing or shy?				More Shy ----- More Outgoing <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 3 2 1 0 1 2 3 4	
How comfortable are you leaving home and family for short periods of time (1-2 weeks)?				Less Comfortable ----- More Comfortable <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> 4 3 2 1 0 1 2 3 4	
Have you traveled outside the state of Utah? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If so, where and for how long? Please list up to 3 locations as applicable)					
Location 1:		Location 2:		Location 3:	
Duration: <input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS		Duration: <input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS		Duration: <input type="checkbox"/> DAYS <input type="checkbox"/> MONTHS <input type="checkbox"/> YRS	
Briefly tell us about your favorite part of one of these trips, who you traveled with, and what you learned.					
Please list the top 3 hobbies and/or activities you enjoy.			Activity 1:		
			Activity 2:		
			Activity 3:		
			Word 1:		
If you could describe yourself in three words, what would they be?			Word 2:		
			Word 3:		
			Word 3:		
What makes you excited to participate in this program?					

What is your biggest concern with participating in this program?

Write a few paragraphs introducing yourself to your host family and host youth. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible.

SECTION 3 – SIGNATURE

Participating Youth (LAST, FIRST, MI)

Participating Youth Signature (If over 18)

Date



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Rules & Standards of Conduct

Our mission is to facilitate relationships between military youth from Utah and Morocco. In doing so we will cultivate an appreciation for diversity, promote service and leadership, expand state and international partnerships, and foster personal connections. This exchange will benefit our youth, families, communities, state and country; now and for generations to come.

SECTION 1 - YOUTH PARTICIPANT INFORMATION			
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address	
Email			
Preferred Name		Cell Phone (Leave blank if applicant does not have a cell phone.)	
Primary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
Secondary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
SECTION 2 – PROGRAM RULES			
<p>Military Youth Ambassadors (MYA) strives to promote a positive experience during the exchange program through our core principles and values: Treat others with respect • Be gracious and courteous hosts and guests • Hosting prioritization • Represent family, UTNG, and MYA with dignity</p>			
<p>1. Host family rules. We understand each host family has rules which help it to function effectively. It is imperative each youth make every possible effort to understand what his/her host family expects. Each youth must be respectful to his/her host family. Disrespectful behavior shall not be tolerated. We understand the youth's activities must be approved by the host family and in accordance with these standards. At all times, the youth's host family must know where the youth is, with whom, and when the youth shall return. Youth shall stay with the assigned host family unless extenuating circumstances necessitate a change, as determined by MYA.</p> <p>2. Travel. We understand youth shall travel directly from their home country to and from the exchange; unless changes are authorized by MYA. Youth shall be permitted to travel in the host country with the host family, MYA participants, and other transportation as authorized by MYA. Youth are not permitted to travel independently. MYA reserves the right to deny travel to any participant with health concerns.</p> <p>3. Laws, staying safe. Youth are expected to obey all laws of the host country, state, city and community. We understand if a youth admits to violating a law, evidence is received that a youth has violated a law, or a youth is arrested and charged with a violation, the youth's participation in MYA shall be reviewed and he/she may be returned to his/her home country at their own expense as soon as legally possible.</p> <p>4. Internet and email. Host families are required to provide a way for the exchange youth to contact their parents. While use of the internet and email is generally deemed acceptable, it may also cause undue detriment to the youth. Youth shall respect and abide by the host family rules in relation to computer, internet and email use. Youth are not permitted to download illegal or unauthorized music, movies, games, photos, applications or the like. Should the youth download such materials, any and all costs and fines shall be the responsibility of the youth and his/her natural family.</p> <p>5. Cell phones. We agree MYA has the right to limit cell phone privileges. Youth shall not be put on the host family's cell phone plan. MYA shall have no responsibility for losses of any kind regarding cell phones or cell phone coverage.</p> <p>6. Bullying/Harassment. We understand that bullying and/or harassment in any form, including but not limited to: physical, emotional, in person or electronically, is expressly forbidden.</p> <p>7. Drugs. We understand the purchase, possession and/or use of illegal and/or non-prescribed drugs is forbidden, and no association is to be maintained with anyone involved with illegal drug use. MYA reserves the right to conduct drug testing.</p> <p>8. Alcohol. We understand the purchase, possession and/or consumption of alcoholic beverages by minors is forbidden. If a youth is in a situation where alcohol is offered to them or served/consumed by minors, the youth must immediately contact their host parent, chaperone, or MYA staff to let them know and make arrangements to be picked up.</p> <p>10. Tobacco use. We understand the purchase, possession and/or use of tobacco products by minors is forbidden. This includes but is not limited to: cigarettes, chewing tobacco, vape or electronic cigarettes, hookah products, snuff, etc. Pornography. We understand that the purchase, possession, viewing, sharing, creating and/or downloading of pornography is against the law and strictly prohibited.</p> <p>11. Sexting. We understand sexting is the act of sending sexually suggestive/explicit communications and is prohibited. Teenagers who text nude or partially nude photos of themselves or friends can be charged with distribution of child pornography. Those who receive the pictures can be charged with possession of child pornography.</p>			

12. **Sexual conduct.** We understand the exchange experience is not intended to be a time where romantic attachments are formed. Dating during the exchange is discouraged. Exchange youth are ambassadors of their country; therefore, it is extremely important their moral behavior be beyond reproach at all times. Sexual or romantic activity of any kind with other participants or chaperones during this exchange is strictly prohibited.

13. **Dangerous activities.** We understand dangerous activities such as skydiving, hang gliding, glider riding, parachute jumping, parasailing, jet skiing, snowmobiling, motorcycling, all-terrain vehicle driving, bungee jumping, hot air balloon riding, hunting and/or using weapons (including but not limited to guns, rifles, bow/arrows, etc.) need to be approved by MYA in advance.

14. **Hitchhiking.** Hitchhiking is prohibited.

15. **Driving.** We understand an unlicensed and/or uninsured youth may not operate a motorized vehicle of any kind during the exchange. All laws shall be observed regarding motor vehicle use. Host families will ensure transportation is provided to every group activity or event as required.

16. **Money.** We understand that each youth is responsible for purchasing his/her own personal items with his/her own personal money. Each youth shall have a different amount of money at their disposal. MYA is not responsible for any lost or stolen money. It is against MYA rules for the youth to place his/her money in the host family bank accounts. No youth shall lend to or borrow from any member of his/her host family. It is the youth's responsibility to manage their own money.

17. **Work/jobs and activities.** We understand youth in the MYA program might have a job. Youth should receive the full two weeks off during hosting and traveling summers to ensure that both years are fulfilled. We understand that we are responsible for being present and engaged with the youth; activities that distract from this shall be limited. Where possible, we shall reschedule or limit extracurricular activities, lessons, work, babysitting, etc. during the hosting period.

18. **Life changing decisions.** We understand youth are not allowed to make life-changing decisions during either two-week exchange period of the hosting or traveling year. Decisions such as marriage, engagement, change of religion, acquiring tattoos or body piercings, and making body modifications, shall be put aside until the end of the two-week exchange.

SECTION 3 – PARENT AGREEMENT

1. Turn in all paperwork on time and verify by email response.
2. Provide a safe, clean, and welcoming home for your Moroccan youth.
3. Ensure communication capabilities between Moroccan parents and their youth.
4. Participate in fundraisers and information booths (to be determined each year).
5. Participate on one MYA committee for one year from date of program acceptance.
6. Be present for group activities as assigned (hosting year).
7. Learn about Morocco and the culture your youth will experience.
8. Make sure your youth and Moroccan youth attend all group activities.
9. Schedule and oversee activities on family days.
10. Maintain updated copy of the Hosting Activities Itinerary for your hosting year.
11. Communicate with MYA Director staff in a timely manner via email, phone, text, WhatsApp, etc. throughout the two-year program. Notify Military Youth Ambassadors staff of any issues or concerns as soon as possible.
12. Sign any additional waivers for group activities.
13. All costs paid in full by March 1 of traveling year.
14. Participating youth and one parent **MUST ATTEND ALL** MYA meetings to include the Orientation, Safety/Culture/Travel Briefing, and any others identified by MYA.
15. Provide a copy of Youth's passport to MYA by March 1 of traveling year.
16. Be willing to host Moroccan chaperones for dinner and/or activities as determined by the hosting committee.
17. Health Insurance. You must have insurance that provides coverage for accidental injury and illness, death benefits, disability benefits, 24hour emergency assistance services, in amounts satisfactory to MYA with coverage from the time of the youth's departure from their home country until their return.
18. Financial Support. Host families must have sufficient financial support to assure participating youth and/or hosted youth's well-being during hosted and travel exchanges as applicable.

SECTION 6 – SIGNATURES

We, the undersigned, have read, understand, and shall abide by the above Rules and Standards of Conduct. We understand that violation of these Rules and Standards of Conduct may result in the youth's participation in MYA being reviewed and/or terminated at any time. If termination occurs, the youth shall not travel to Morocco or shall be returned to his/her country of origin at their own expense. We shall be respectful of and abide by all decisions made by MYA staff. We also understand and acknowledge the United States host families are volunteers and are not monetarily compensated.

Participating Youth (LAST, FIRST, MI)	Participating Youth Signature (If over 18)	Date
Parent or guardian/s (LAST, FIRST, MI) (if necessary)	Parent/Guardian Signature (If Participant under 18)	Date
Secondary Parent / Guardian (LAST, FIRST, MI) (if necessary)	Secondary Parent Signature (if necessary)	Date



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Liability Waiver

SECTION 1 - YOUTH PARTICIPANT INFORMATION			
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address	
Email			
Preferred Name		Cell Phone (Leave blank if applicant does not have a cell phone.)	
Primary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
Secondary Parent / Legal Guardian (LAST, FIRST, MI)		Cell Phone #	Physical Address
Email			
SECTION 2 – WAIVER TERMS			
<p>We, the undersigned, as the participant, and the parent or legal guardian of a participant in a program organized and directed by Military Youth Ambassadors (MYA), hereby release MYA, its Officers, Board of Directors, Agents, its subsidiaries, Affiliates, Coordinators, Host Families and Event Venues where the participant may be assigned, from any and all current and future claims, charges, costs and/or cause of actions, including but not limited to negligence, for loss of property, personal injury, illness, accident or death sustained by the participant for the duration of the MYA program, whether covered by insurance or not. We further understand and agree we are responsible for any loss, damage or injury caused by the participant in the MYA exchange program.</p> <p>We grant MYA permission to use photographs, or any other materials in which the participant and/or host family may appear, for promotional or publicity of the organization's programs.</p> <p>We have read and understand the Standards of Conduct and agree that the participant must follow and abide by these rules and regulations as outlined.</p>			
SECTION 3 – SIGNATURES			
Participating Youth (LAST, FIRST, MI)		Participating Youth Signature (If over 18)	Date
Parent or guardian/s (LAST, FIRST, MI) (if necessary)		Parent/Guardian Signature (If Participant under 18)	Date
Secondary Parent / Guardian (LAST, FIRST, MI) (if necessary)		Secondary Parent Signature (if necessary)	Date



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Medical Release Form

Participation in the Military Youth Ambassador Youth Exchange Program is contingent on the health status of the applicant. This is confidential information and will only be used by MYA officers, directors, trustees, chaperones, and participating host family parents and/or legal guardians to ensure the safety and health needs of each participating youth are met. This form is completed annually prior to each two- week exchange

SECTION 1 - YOUTH PARTICIPANT INFORMATION		
Youth Applicant's Full Legal Name as on Passport or Birth Certificate (LAST, FIRST, MI)		Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
		Date of Birth: (MM/DD/YYYY)
Citizen of (Country)		Physical Address
Email		
Preferred Name	Cell Phone (Leave blank if applicant does not have a cell phone.)	
Primary Parent / Legal Guardian (LAST, FIRST, MI)		Physical Address
Cell Phone #		
Email		
Secondary Parent / Legal Guardian (LAST, FIRST, MI)		Physical Address
Cell Phone #		
Email		
Emergency Contact (LAST, FIRST, MI)		Physical Address
Cell Phone #		
Email		Relation to Youth
Alternate Emergency Contact (LAST, FIRST, MI)		Physical Address
Cell Phone #		
Email		Relation to Youth
SECTION 2 – MEDICAL INFORMATION		
Does the participant have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please explain
Does the participant have any allergies? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please select the type and specify the allergies. <input type="checkbox"/> SEASONAL <input type="checkbox"/> FOOD <input type="checkbox"/> ANIMAL <input type="checkbox"/> MEDICAL <input type="checkbox"/> OTHER
Is the participant taking any medications or over- the counter (OTC) medications/ drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, can the participant self-administer his or her medication? If no, please contact MYA directly. <input type="checkbox"/> YES <input type="checkbox"/> NO
List all prescription or over-the-counter (OTC) medications the participant is taking		

SECTION 3 - PHYSICAL CONDITIONS THAT LIMIT ACTIVITY		
Does the participant have a chronic or recurring illness? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain	
Has the participant had surgery or a serious illness in the past year? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain	
Identify any other limits, restrictions, or disabilities that could prevent the participant from fully participating in the event or activity (attach additional pages if needed)		
SECTION 4 - OTHER ACCOMMODATIONS OR SPECIAL NEEDS		
Identify any other needs or considerations the participant has that MYA directors or host families should be aware of (attach additional pages if needed)		
SECTION 5 – MEDICAL RELEASE PERMISSION		
<input type="checkbox"/> I grant MYA, its representatives, and the participant Host Family all necessary permissions to act as legal guardians for the duration of the two-week exchange and to act in my stead in approving necessary medical care.		
<input type="checkbox"/> I grant permission for medical personnel and/or medical facilities to release health information (verbal and/or written) and/or medical records regarding the participant’s treatment, diagnosis and/or account/billing information to MYA, its representatives, and/or the participant’s Host Family.		
<input type="checkbox"/> I grant permission to MYA to release any and all medical account/billing information or Explanation of Benefits to third party agents for the purpose of payment and/or collection of payment. I/We understand and accept that it is my/our responsibility to take any and all steps required with regard to processing and/or payment of any and all medical bills.		
<input type="checkbox"/> This Medical Release Authorization shall cover this event and travel to and from this event.		
Effective dates of release Dates should cover hosting or traveling years (form completed annually prior to each exchange)	FROM:	TO:
SECTION 6 – SIGNATURES		
Participating Youth (LAST, FIRST, MI)	Participating Youth Signature (If over 18)	Date
Parent or guardian/s (LAST, FIRST, MI) (if necessary)	Parent/Guardian Signature (If Participant under 18)	Date
Secondary Parent / Guardian (LAST, FIRST, MI) (if necessary)	Secondary Parent Signature (if necessary)	Date