



# SUFFOLK COUNTY LEGISLATURE

## Distinguished Youth Award

### Registration Form & Waiver

**Suffolk County Legislator:** \_\_\_\_\_

To find your Suffolk County Legislator, please visit <https://www.scnylegislature.us/>

#### PARTICIPANT INFORMATION

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

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

**City:** \_\_\_\_\_

**State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**School Attending:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Affiliated Organization(s):** \_\_\_\_\_

*Examples: 4H, Boy Scouts, Girl Scouts, YMCA, etc.*

**Participant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### ADVISOR INFORMATION

*Choose an Advisor other than a parent, relative or peer.*

**Advisor's Name:** \_\_\_\_\_

**Advisor's Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

#### SEND COMPLETED FORM TO:

**The Distinguished Youth Award  
Office of Presiding Officer Kevin J. McCaffrey  
Suffolk County Legislature  
P.O. Box 6100 -Bldg. 20  
Hauppauge, NY 11788-0099**

#### WAIVER & AGREEMENT

I agree to the following Distinguished Youth Award Program ("Program") rules and requirements:

\* I will select the activities I will perform in order to earn an award.

\* I will not attempt to perform an activity unless I am certain that I can perform it safely.

\* No one is authorized by the Program to: (1) advise a participant on the safety of an activity or whether a participant is prepared to perform it safely, or (2) supervise or exercise any control or authority over any participants.

**\* I hereby release and hold harmless each of the individuals and legal entities involved in the Distinguished Youth Award Program from any and all liability of any kind for any injury I might suffer while performing an activity in connection with the Program.**

\* Information about me and my participation in the Program may be publicized by the Program.

\* This agreement shall remain in effect as long as I am participating in the Program.

**PARTICIPANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

#### **PARENTS/GUARDIANS**

#### **ACKNOWLEDGEMENT\***

We are the parents or legal guardians of the Distinguished Youth Award participant listed above. We have read the foregoing Waiver and Agreement and agree on behalf of ourselves and the participant to the terms thereof. We will assure that the participant is aware of the risks involved in each activity and we will take full responsibility in lieu of the Program for each activity.

**PARENT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*\* Required for all candidates who are not considered adults under New York State Law - generally all who are under 18 years of age.*



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Candidate Name: \_\_\_\_\_

**I am registering for:**

Bronze Medal

Silver Medal

Gold Medal

**Select the Program Area(s) that you will be participating in:**

Volunteer Service

Personal Development

Expedition

Physical Fitness

**Briefly describe the issues that you plan to address for each of the selected Program Areas:**

**Provide a detailed plan of activities that will be performed to accomplish the goals set for the selected Program Areas:**

*Please print legibly or type  
(make copies as needed)*