



North Carolina Department of Administration

Beverly Eaves Perdue, Governor
Moses Carey, Jr., Secretary

Youth Advocacy and Involvement Office
Stephanie Nantz, Executive Director

January 16, 2012

MEMORANDUM

TO: Students and Chaperones
Registering for the 2012 Youth Legislative Assembly (YLA)

FROM: Joshua Llodrat and Angelica Mack
2012 YLA Co-speakers

SUBJECT: YLA Registrations due February 23, 2012 (Postmarked)

The Youth Legislative Assembly (YLA) is an opportunity to learn the legislative process in North Carolina and to express your opinions on issues facing local, state, and national governments. We hope you will take advantage of this opportunity to let your voice be heard by the leaders of our state.

Enclosed are registration forms for the 2012 Youth Legislative Assembly (YLA), to be held March 23-25, at the Clarion Hotel, Raleigh, N.C. **The registration deadline is February 23, 2012 (postmarked).** Conference participation is on a first come, first served basis, so register early! The Assembly starts on Friday, March 23, with registration from 9:00-10:30 a.m. Opening General Session is at noon and the program ends on Sunday, March 25, around 1:00 p.m.

The registration fee includes two nights' hotel accommodations, five meals, one T-shirt and conference materials. You will receive written notice of acceptance or denial of your registration by March 8, 2012. **Registration packages will NOT be processed unless ALL FORMS (A-E) are signed by parents and students and notarized where applicable.** If registration fees are not paid by March 2, your registration will be cancelled and your space given to someone on the waiting list. There are **NO** refunds for cancellations received after March 2, 2012 (postmarked). See the attached page for registration fees.

Please contact the YLA Coordinator, Cynthia Giles, by phone at 919-807-4400 or by email at Cynthia.Giles@doa.nc.gov if you have any questions or concerns.

Feel free to make copies of the registration package or download registration materials from www.ncyao.com.

We look forward to meeting you on March 23rd.

Enclosures

Creating a better tomorrow by making Children and Youth our priority today.

Mailing Address:
1319 Mail Service Center
Raleigh, NC 27699-1319

Location:
116 W. Jones St.
2ndFloor
Raleigh, NC 27609



Phone: 919.807-4400
Fax: 919.807-4415
State Courier: #51-01-08

An Equal Opportunity/ Affirmative
Action Employer
www.ncyao.com

2012 YOUTH LEGISLATIVE ASSEMBLY (YLA)

Clarion Raleigh Downtown

Raleigh, NC

March 23-25, 2012

REGISTRATION FEES

Students:

Postmarked by February 23, 2012: Quad room (4 people/room) \$125 per person

Double room (2 people/room) \$140 per person

Postmarked after February 23, 2012: Quad room \$150, Double room \$190 (Late rate)

(if space is available)

Chaperones:

Postmarked by February 23, 2012: Double room (2 people/room) \$165 per person

Single room (1 person/room) \$225

Postmarked after February 23, 2012: Double room \$200, Single room \$265 (Late rate)

(if space is available)

No refunds will be given for cancellations after March 2, 2012.

Adults and students may NOT share rooms. (Special circumstances will be considered)

Chaperones: In order to get the chaperone rate, you must chaperone at least 6 students. If you do not have at least 6 students in your group, additional students may be assigned to you.

SCHOOL GROUPS WILL BE LIMITED TO SIXTEEN (16) STUDENTS PER SCHOOL. If additional students from a school wish to attend, they will be put on a waiting list.

Please note: If you identify another person as a preferred roommate, please be sure that person is planning to attend YLA and that both persons sign up for the same type of room (double or quad).

If you are coming to YLA with a group, please indicate the name of your group on your registration form and, if possible, mail your registration forms together.

Please make checks payable to:
N.C. Department of Administration

Mail forms and payment to:

Attn: YLA Coordinator
Youth Advocacy and Involvement Office (YLA)
1319 Mail Service Center
Raleigh, NC 27699-1319

2012 YOUTH LEGISLATIVE ASSEMBLY (YLA)

Clarion Raleigh Downtown

Raleigh, NC

March 23-25, 2012



YOUTH REGISTRATION FORM

Business Attire is Required

T-shirt Size (circle one) S M L XL XXL XXXL

PLEASE PRINT OR TYPE

Name: _____ Cell Phone: (____) _____

Home Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone: () _____ High School: _____

Chaperone (if applicable): _____ Organization: _____

For Statistical and Room Assignment Purposes Only - Please Complete

Male _____

Female _____

For Statistical Purposes Only - Please Complete

Grade _____

Date of Birth _____

Age _____

White _____ African American _____ American Indian _____ Asian _____ Hispanic _____ Other _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Mother's cell phone: _____

Father's Cell phone: _____

Mother's email: _____

Father's email: _____

Name of Preferred Roommate: _____

(PREFERRED ROOMMATE CANNOT BE GUARANTEED.) *Except for unusual circumstances, there will be NO changes in room assignments.*

Check if vegetarian meals preferred:

Check if you **DO NOT** want your name or address published in the YLA directory:

REGISTRATION FEE: Please see the attached registration fee schedule. Make check or money order payable to the N.C. Department of Administration. **DO NOT SEND CASH. CASH NOT ACCEPTED.** There will be **NO** refunds for cancellations received after March 2, 2012. Participants will be responsible, at the time of check out, for any individual room charges, e.g., TV movies, phone calls, room service, etc.

Quad room (4 students per room) _____

Double room (2 students per room) _____

Mail registration fee and forms to:

Youth Advocacy and Involvement Office (YLA)

1319 Mail Service Center

Raleigh, NC 27699-1319

(919) 807-4400 / (919) 807-4415 -fax

Attn: YLA Coordinator

Office Use Only

Part # _____

Receipt # _____

Amount \$ _____

FORM A1

2012 YOUTH LEGISLATIVE ASSEMBLY (YLA)

Clarion Raleigh Downtown

Raleigh, NC

March 23-25, 2012

COMMITTEE SELECTION FORM

Name: _____

Committee Preference:

You will be assigned to one committee. Please number, in order of priority, the committees on which you would be interested in serving as a member. Registering early increases your chances of getting your preferred committee.

Children and Family

A Bill To Be Entitled An Act To Revise the NC Action for Support of a Minor Child

Civil Rights

A Bill To Be Entitled An Act To Invalidate Senate Bill 514 ("The Defense of Marriage Act") and Establish Same-Sex Civil Union in the State of North Carolina.

Education

A Bill To Be Entitled An Act Requiring That All Public Schools In North Carolina Establish a Mentoring Program Between High School (Grades 9-12) and Middle School (Grades 6-8) Students.

Environment

A Bill To Be Entitled An Act To Allow North Carolina Farmers to Apply for a License Permitting Them to Grow and Sell Fiber and Oilseed Forms of Hemp.

Health Affairs

A Bill To Be Entitled An Act To Establish the Legalization of Assisted Suicide for Adults Ages 18 and Up in the State of North Carolina, North Carolina's Death With Dignity Act.

Human Sexuality

A Bill To Be Entitled An Act To Include Mandatory HPV Vaccinations for Males and Females Entering the 9th Grade in North Carolina School Vaccination Requirements.

Judiciary

A Bill To Be Entitled An Act To Require Drug Testing for All Adults Receiving Benefits from the Welfare Aid Program, Temporary Assistance for Needy Families Cash Assistance.

Science and Technology

A Bill To Be Entitled An Act To Allocate Water During a Drought.

Substance Abuse

A Bill To Be Entitled An Act to Ban the Sale of AlcoPop Beverages.

Youth Affairs

A Bill To Be Entitled An Act To Introduce Anti-Bullying Laws in North Carolina Public Schools.



2012 YOUTH LEGISLATIVE ASSEMBLY (YLA)

Clarion Hotel Raleigh
Raleigh, NC
March 23-25, 2012

ADULT REGISTRATION FORM

(Business Attire is Required)

PLEASE PRINT OR TYPE

T-shirt Size (circle one) S M L XL XXL XXXL

Name: _____

Position: _____

Organization: _____

Home Mailing Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____ County: _____

Daytime Telephone: () _____ Cell Phone: () _____

<i>For Statistical and Room Assignment Purposes Only – Please Complete</i>	
Male _____	Female _____

Name(s) of Student(s) you are Chaperoning
(attach list if necessary) _____

- One adult chaperone ***MUST*** accompany every five students. All adults must be registered in advance.
- **Adult registration applies to those persons 21 years old or older who are accompanying a YLA participant.**
- A meeting of ALL chaperones will be held Friday afternoon. The meeting location will be announced in future correspondence.

Type of Room Desired: Single Room _____ Double Room _____

Name of Preferred Roommate: _____
(PREFERRED ROOMMATE CANNOT BE GUARANTEED.) *Except for unusual circumstances, there will be NO changes in room assignments.*

Please indicate any need that requires special arrangements/accommodations: _____

Check if vegetarian meals preferred: Emergency Contact: _____ Phone: () _____

REGISTRATION FEE: Please see the attached fee schedule. Make check or money order payable to the N.C. Department of Administration. ***DO NOT SEND CASH.*** All registrations must be ***postmarked no later than February 23, 2012.*** There will be **NO** refunds for cancellations received after March 2, 2012. Participants will be responsible, at the time of check out, for any individual room charges, e.g., TV movies, phone calls, room service, etc.

Mail registration fee and forms to:	<i>Youth Advocacy and Involvement Office (YLA)</i> 1319 Mail Service Center Raleigh, NC 27699-1319 (919) 807-4400 / (919) 807-4415 –fax	Office Use Only
	Attn: YLA Coordinator	Part # _____
		Receipt # _____
		Amount \$ _____

YOUTH LEGISLATIVE ASSEMBLY

Clarion Raleigh Hotel
Raleigh, NC
March 23-25, 2012

Please complete the questions that apply and return with the registration. **FORM MUST BE NOTARIZED.**

AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR & STUDENT 18 AND OLDER

I, _____, of _____ County, NC, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, 19____, **OR** I, _____, of _____ County, NC, authorize the Youth Advocacy and Involvement Office staff, in whose care I am or the minor child has been entrusted, located at 116 West Jones Street, Raleigh, N.C., to do any acts which may be necessary or proper to provide for the health care of the minor child or me, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including March 23-25, 2012.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

Please check if special meals are required due to allergies: _____

Please indicate any need that requires special arrangements/accommodations (i.e. allergies or other conditions):

Emergency Contact: _____ **Cell Phone:** _____

Hospitalization Insurance Company/Provider

Hospitalization Insurance Policy/Provider/Medicaid #

Custodial Parent (SEAL)

Date

Participant's Signature (if 18 or older) (SEAL)

Date

STATE OF NORTH CAROLINA

COUNTY OF _____

On this ___ day of _____, 2012, personally appeared before me the person named, _____, to me know and known to me to be the person described in and who executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public

YOUTH LEGISLATIVE ASSEMBLY

Clarion Raleigh Hotel
Raleigh, NC
March 23-25, 2012

LIABILITY RELEASE FORM

This is a legally binding instrument, which may affect your legal rights. If you have any doubts or concerns about any aspect of this document, please seek competent legal counsel before signing.

We (I), the undersigned, hereby release and agree to hold harmless the State of North Carolina and its employees, agents, and officers from any and all claims, including those of our (my) heirs or assigns which may arise from any action or failure to act by any employee, officer, or agent of the State of North Carolina in connection with the participation of our (my) child _____ in the **YOUTH LEGISLATIVE ASSEMBLY Conference**.

(STUDENT'S NAME)

We (I), the undersigned, have read the foregoing and sign it of our (my) own free will.

This the _____ day of _____, 2012.

Parent or Legal Guardian(s) Signature:

Participant's Signature:

YOUTH LEGISLATIVE ASSEMBLY

Clarion Raleigh Hotel
Raleigh, NC
March 23-25, 2012

RULES OF CONDUCT

(MUST BE SIGNED BY PARTICIPANT AND PARENT OR GUARDIAN)

WHEREAS, the State Youth Council's Code of Ethics prohibits possession and/or use of alcoholic beverages, tobacco products, and illegal drugs, or remaining in the presence of individuals who are using, possessing, or taking illegal drugs or alcohol; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, at all times, males and females are prohibited from visiting unassigned rooms, unless granted permission by the YLA Coordinator or designee; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality of scheduled meetings and activities of the North Carolina Youth Legislative Assembly is considered mandatory by all participants; and

WHEREAS, the Youth Legislative Assembly's Code of Ethics demands that all participants conduct themselves in a manner representative of the Youth Legislative Assembly, including showing respect for the property of others and the facility in which the North Carolina State Youth Legislative Assembly is held;

WHEREAS, participants are prohibited from leaving the premises of the conference site unless granted permission and/or notification is given to the YLA Coordinator or designee.

THEREFORE, I _____, agree to abide by all of the rules of the State Youth Council Code of Ethics and am aware that any infraction of the Code may result in my parent(s) being notified. Violation of any of these rules may result in serious consequences for participants, which could include suspension or expulsion from conferences sponsored by YAIO, contacting law enforcement, exclusion from leadership positions or immediate or permanent dismissal from YAIO sponsored programs or other consequence as determined by the Youth Advocacy and Involvement Office. If a student violates the rules during any YAIO event and has to be dismissed, parents must make arrangements for the student to be taken home immediately at the parents' expense.

This the _____ day of _____, 20__.

(Participant's Signature)

(Parent's or Guardian's Signature)

Form E

**YOUTH LEGISLATIVE ASSEMBLY
Clarion Raleigh Hotel
Raleigh, NC
March 23-25, 2012**

Photographic, Video, Audio and Web Site Consent and Release

I do hereby consent and agree that North Carolina Youth Legislative Assembly has permission to take photographs and/or record video and/or audio of me and/or my property and to use these for Youth Legislative Assembly educational, promotional, and/or marketing materials. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.

I do hereby give North Carolina Youth Legislative Assembly the right to exhibit any such works publicly or privately, including posting on the Youth Advocacy and Involvement website. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Permission to Release Name and Address

I do / do not (circle one) give my permission to have my name and address released to my State Senator or Representative in case they wish to contact me regarding my participation in YLA.

Name (please print): _____

Signature: _____ Date: _____

Address: _____

If individual is under the age of 18, consent of the legal parent or guardian is needed.

Parent/Guardian name (please print): _____

Signature: _____ Date: _____

Or
_____ Please do not publish any pictures in which my face is clearly featured.