

The Military Order of the World Wars (MOWW) is a patriotic, nonpartisan, nonsectarian association. MOWW is composed of commissioned and warrant officers of the seven branches of the United States Uniformed Services. Today the 18,000 members in the 150 Chapters throughout the nation are offered the opportunity to continue to serve their country in a non-self serving posture and to apply their efforts towards the fulfillment of the MOWW CREDO that "IT IS NOBLER TO SERVE THAN BE SERVED". They unselfishly donate their time and resources in the conduct and support of, local patriotic programs and activities such as the AZYLC.

Today the 23 MOWW Youth Leadership Conferences are conducted in 20 locations around the country including AZYLC at ASU WEST, Phoenix, Arizona.

OBJECTIVES OF THE AZYLC

- Identify the basic elements of leadership needed in the maintenance of a free society.
- Identify the basic concepts of the free enterprise system and the foundation upon which this great nation was built.
- Develop an appreciation for the Constitution as the significant foundation of our country.
- Develop an awareness of the responsibilities of every citizen toward the perpetuation of our rights and freedoms.
- Develop leadership skills to enable students to become better citizens and the future leaders of our country.

APPROVAL BY NASSP

The National Association of Secondary School Principals (NASSP) has approved this program for the NASSP National Advisory List of Contests and Activities for the year 2011 – 2012.

APPLICATION PROCEDURE

This year's Sophomore and Junior students (School Year 2011/12) - (**next year's Junior's and Seniors**) - are sponsored by MOWW Chapters who will pay the cost of transportation, board, room and tuition.

TO THE PRINCIPAL

If you approve of your students attending the AZYLC, please forward this packet to a counselor, teacher, or department chairperson.

TO THE PARENT / GUARDIAN

This is a great opportunity for your young adult to gain a better understanding of free enterprise, the Constitution of the United States, develop new leadership skills and make new friends. Your notarized approval is required on the ***PARENTAL AUTHORIZATION & RELEASE*** and ***PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR*** Form.

CURRICULUM

The curriculum includes the study of the U.S. Constitution, free enterprise, leadership theory and application, and many other interesting topics. Students are given the opportunity to interact with instructors and peers. All social activities are planned and chaperoned. Students eat in the College dining room and live in the student dorms. Small group discussions, debates, skits, etc., are the means for student interactions. Teachers/ facilitators don't lecture; they present interesting discussion topics about relevant Constitutional issues for small group activities. Everyone participates and has fun learning with their peers. We encourage all AZYLC graduates to include this leadership conference in their resumes to higher education programs.

TO THE CHAPTER REPRESENTATIVE

Please put your Chapter name & your name, address and phone number on the brochures and forms which you distribute. Send application with the Brochure.

When you have interviewed and made your selections, send or give the selected students the Parental & Medical Authorization & Release Form. This form should be returned to you, with **notarized** signatures, NLT May 15, 2012. Please forward all paperwork to the AZYLC Director before June 1, 2012. Please remember this program is for all students. We would like to maintain a balanced class, such as cadets versus non-cadets, male versus female, etc.

TO THE STUDENT

1. Complete the application form give to your sponsoring Chapter representative.
2. You should be interviewed by a member of the sponsoring Chapter. Your Chapter representative will arrange the interview.
3. If you are selected, you will receive one required form which will require a **notarized** signature of your parents or guardians. Return this form to your Chapter Representative as soon as possible **but before June 12, 2012.**
4. If you are selected, and complete the required paperwork, you will receive a welcoming letter from the AZYLC Director BY June 6 with information vital to your stay.
5. Your Chapter representative will notify you of transportation arrangements.

YOUR CHAPTER REPRESENTATIVE

Is: _____
 Chapter: _____
 Address: _____

 Phone: _____
 Email: _____

**PROUDLY ANNOUNCES THE
 TWENTY SECOND ANNUAL ARIZONA
 YOUTH LEADERSHIP CONFERENCE**

(AZYLC)



17-21 JULY 2012

**Conducted on the campus of
 ASU WEST
 Phoenix, Arizona**

**This program is supported by the New College of
 Interdisciplinary Arts & Sciences**



**A FREE PROGRAM FOR 2011/12
Sophomore & Junior HIGH SCHOOL
 STUDENTS WHO DESIRE TO
 BECOME LEADERS**

Director:
 COL Richard E. Minor
 8300 E. Dixileta Drive #276
 Scottsdale, AZ 85266-2278
 (480) 595-8089
 FAX: (480-595-8091
 E-mail: DandDMINOR@aol.com

Military Order of the World Wars
Arizona Youth Leadership Conference
Phoenix, Arizona

PART I PARENTAL AUTHORIZATION AND RELEASE

PART II PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

PART III MEDICAL HISTORY OF STUDENT

PLEASE PRINT OR TYPE ALL DATA

Date: _____

We, or I, the undersigned being the natural parent(s) or the designated legal guardian(s) of _____ Age ___ Date of Birth-MO. ___ Day ___ Year ___, authorize his/her attendance at the Military Order of the World Wars (MOWW) Arizona Youth Leadership Conference (AZYLC) to be conducted at ASU West, Phoenix, AZ during the period from **17-21 July 2012**. The _____ Chapter of the MOWW is the designated sponsor and will provide expenses for the student's transportation, tuition, room and board.

PART I AUTHORIZATION AND RELEASE

In consideration of the payment of the conference fee, the undersigned hereby release and contract to hold harmless the MOWW, the AZYLC and the _____ Chapter of the MOWW from any and all liability and/or responsibility for the student's welfare, well being, and control for the period of the conference (including the day of departure if the chapter provides transportation until the day of return).

PART II PARENTAL AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

Health Insurance Company _____ Family Doctor _____

Insurance Policy No. _____ Doctor's Phone No. (____) _____

I/we the undersigned parent/guardian of the above named student, do hereby authorized the Director of the MOWW-AZYLC or his designated staff member, as agent for the undersigned, to consent to any x-ray, examination, surgical diagnosis, treatment and hospital care which is deemed advisable by, and which is under the general or specific supervision of any physician or surgeon licensed under the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to provide care, which the aforementioned physician, in the exercise of his best judgment may deem advisable.

This authorization will be in effect for the duration of the conference unless sooner revoked in writing and delivered to the Director of AZYLC.

PART III MEDICAL HISTORY

Date of last complete physical examination: _____

Has it ever been necessary to restrict the student's physical activities for medical reasons?

If yes, explain: _____

Is the student now under medical care or regularly taking any medication? _____

If **YES**, explain and list ALL medications: _____

Has there been any significant surgery, injury, illness or change in the student's health status since last physical? _____ If yes, explain _____

Date of Immunizations: Tetanus: _____, Diphtheria: _____, Polio: _____

Measles: _____, Influenza: _____, Pertussis: _____, Other _____.

EMERGENCY MEDICAL INFORMATION (*Emergency Telephone # mandatory)

IF SUBJECT TO ANY OF THE FOLLOWING, PLEASE CHECK AND EXPLAIN

_____ Allergy to any plant, food or animal: _____

_____ Allergy to any drug or insect toxin: _____

_____ Any condition requiring regular medication or diet or special care: _____

_____ Asthma: _____ Convulsions: _____ Heart: _____ Diabetes: _____ Other (explain): _____

The information contained on these medical reports will be handled with extreme care and will only be used by authorized AZYLC or medical personnel.

By our signatures hereto we fully understand that we waive any and all rights whatsoever and agree not to exercise any right to make claim or to litigate against the organization listed above, in the name of the Military Order of the World Wars.

Signature: _____ Signature: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Telephone* _____

State of _____ **County of** _____

On this _____ day of _____, 2012 before me the undersigned Notary Public, personally appeared _____ known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and acknowledge that he or she executed the same for the purposes therein contained.

Witness my hand and official seal: _____

My commission expires: _____

Approved: MOWW Chapter _____

By: _____
Name Title Date

TO BE COMPLETED BY AZYLC PERSONNEL

Designated AZYLC Medical Person

AZYLC Director