



Fax Completed Statement to **(509) 747-0077**

Or mail to  
**Leadership Spokane**  
801 W. Riverside Avenue, Suite 220  
Spokane, WA 99201

leadership@leadershipspokane.org

## COMMITMENT STATEMENT

*All signatures must be received in order for the form to be complete.*

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**Student Full Name**

**School**

Full attendance by each participant is essential. If selected, you commit to attend the program orientation, the opening retreat, all issues and skill building sessions, and Graduation. Youth Leadership Spokane will work with schools to encourage school attendance credit. I understand and accept the attendance requirements for Youth Leadership Spokane.

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**Student Signature**

**Date**

### References

Your references should be adults, who know you well, but **not** a parent or other relative. List your references below. Please give each of your **two** references a reference form and ask them to submit the form directly to the Leadership Spokane office. Thank them for doing this for you.

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**Name of Reference**

**Relationship to Student**

**Phone**

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**Name of Reference**

**Relationship to Student**

**Phone**

### Parent/Guardian

I have read the information on the Youth Leadership Spokane program and am willing to have my child participate in YLS. Its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, vans or other appropriate means of transportation in connection with all sessions of YLS during the school year in which he/she is a participant. I hereby release and hold harmless YLS, its members, agents, employees or any individuals involved in the planning, organization or presentation of YLS programming, for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at or participation in any activity or session of YLS.

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**Parent/Legal Guardian Name (Please Print)**

**Signature**

**Date**

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**Home Phone**

**Work Phone**

**Email Address**

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**Address**

**City**

**State**

**Zip**

### School Principal

All applicants **MUST** have the approval of their school principals to attend Youth Leadership Spokane. I approve of the above named student participating in the Youth Leadership Spokane program for 2008/2009. This student's academic record is sound.

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**Principal Name (Please print)**

**Signature**

**Date**