





Cross Streets: \_\_\_\_\_

Parents Phone # \_\_\_\_\_ Your Cell # \_\_\_\_\_

In Case of emergency, who do we notify? \_\_\_\_\_

Phone Number for the above person: \_\_\_\_\_

Why would you like to be a part of this series program?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have transportation to and from training/ community service? Yes or No

Have you made transportation arrangements? Yes or No

Have you graduated from another leadership program? \_\_\_\_\_  
\_\_\_\_\_

What School activities are you involved in? (Sports, JROTC, etc.) - Positions /titles held (commander, captain, co-captain, etc...) \_\_\_\_\_  
\_\_\_\_\_

What do you aspire to be in life?  
1<sup>st</sup> Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

What motivates you? \_\_\_\_\_

Do you have your parents' permission to attend ALL Training in A Safe Place to Land? Yes or No

Do you currently work out? Yes or No How often? \_\_\_\_\_

Do you have ANY physical restrictions/ injuries/ vacations that would stop you from participating? Yes or No If so, please explain: \_\_\_\_\_

Do you have Asthma? Yes or No

“Building America’s Youth...One Teenager at a Time”

<http://www.youthleadershipauthority.com>  
[info@youthleadershipauthority.com](mailto:info@youthleadershipauthority.com)

112 Water Street Suite #122 Henderson, Nevada 89015  
Phone Number: 702-720-2760



It is understood I MUST follow Marie Tomao-Miklosko and Youth Leadership Authority on Facebook, Instagram and be added to A Safe Place to Land /SNDP/Eagle chat for any and all schedules, updates and changes. Initial \_\_\_\_\_

It is understood I must arrive 15 minutes early to any scheduled training. Initial \_\_\_\_\_

**All interested applicants must complete the enclosed application form.**

I have read the above pages and agree to all terms mentioned above. I agree to not hold volunteers, liaison, Instructors or YLA responsible for any and all accidents or injuries while attending any/ all events during A Safe Place to Land.

\_\_\_\_\_  
YLA Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

**Respectfully,  
YLA Staff and YLA Board of Directors  
702-720-2760**

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# YLA Enrollment Form

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

Student Name:

Last \_\_\_\_\_ First: \_\_\_\_\_

Age \_\_\_\_\_ School: \_\_\_\_\_ Referred By: \_\_\_\_\_

Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_

Parent(s)/ Guardian(s) Name:

Last \_\_\_\_\_ First \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_

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

Phone# : Parent \_\_\_\_\_ Student \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email \_\_\_\_\_

**All Program Forms MUST be submitted before day of arrival**

Hold Harmless/Covid-19 Release \_\_\_\_\_ Photo Release \_\_\_\_\_ Enrollment Form \_\_\_\_\_  
Is financial assistance needed: Yes or No (select)

<u>YLA Staff Only Section</u>	
Financial Assistance Form (FAF) given to student: <b>Yes or No</b>	
FAF submitted: <b>Yes or No</b>	How much scholarship funding is requested \$ _____
BOD Approved: <b>Yes or No</b>	All Forms Completed: <b>Yes or No</b>
Hold Harmless/Covid-19 Release _____	Photo Release _____ Enrollment Form _____
Staff Signature _____	Date _____

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<b>Series</b>	<b>Program Date</b>	<b>Program Fee</b>	<b>Enrollment Form</b>	<b>Hold Harmless/ Covid-19 Release</b>	<b>Photo Release</b>	<b>Financial Assistance Application</b>	<b>Scholarship Funded Amount</b>
<b>A Safe Place to Land</b>							
<b>The Conversations</b>							
<b>The Constitution Class</b>							
<b>The Retreat</b>							
<b>Self-Care (Alpha Series)</b>							
<b>Self-Care (Bravo Series) (Bachelors/Masters Only)</b>							
<b>Your Why (Alpha Series)</b>							
<b>Your Why (Bravo Series) (Bachelors/Masters Only)</b>							

<b>Series</b>	<b>Program Date</b>	<b>Program Fee</b>	<b>Enrollment Form</b>	<b>Hold Harmless/ Covid-19 Release</b>	<b>Photo Release</b>	<b>Financial Assistance Application</b>	<b>Scholarship Funded Amount</b>
<b>Southern Nevada Devil Pups</b>							
<b>10 Week Leadership &amp; Physical Training Program</b>							
<b>Community Service Program</b>							
<b>Devil Pups 10 Day Encampment</b>							
<b>Encampment Eagle Program</b>							

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<u>Series</u>	Program Date	Program Fee	Enrollment Form	Hold Harmless/ Covid-19 Release	Photo Release	Financial Assistance Application	Scholarship Funded Amount
Bachelors/Masters							
YLA Eagle Program							
Your Why							
PPPS Mentoring							
Community Service							

<u>Monthly/Weekly Tutoring Series</u>	Program Date	Program Fee	Enrollment Form	Hold Harmless/ Covid-19 Release	Photo Release	Financial Assistance Application	Scholarship Funded Amount
YLA Socials							
ASPTL for...							
Women							
Teens							
Men							
Tutoring							
Math							
English/Reading							
History							

**Parent and Students Agreement:**

I, \_\_\_\_\_ hereby acknowledge and approve of my son/daughter's enrollment/attendance in YLA Classes selected above. I willingly commit to my child's future by assuring their transportation and attendance at selected programs.

Once forms are completed, signed, and submitted with program fees paid, YLA guarantees my child a seat in the selected class(s) indicated above. I also understand there are no refunds for enrolled classes and/or application fees. I understand if an emergency arises, YLA will automatically enroll my child into the next calendared selected class. \*YLA must be notified in writing of an emergency within 48 hours of program.

I, \_\_\_\_\_ (student) willingly commit to my participation in selected classes. I understand it is my responsibility to engage with my peers and instructors, remain honest, respectful, and enthusiastic. This will bring me the best results for my future.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Student Signature

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# Youth Leadership Authority Hold Harmless Waiver Agreement

**This Form must be turned in the first day of PT or you will not be allowed to train  
NO EXCEPTIONS**

I, \_\_\_\_\_ am the parent or legal  
(Parent/Guardian Name)

Guardian of \_\_\_\_\_, in consideration of the  
(Minor's Full Name)

All participants, the City of Henderson, Henderson Fire, Henderson Police, Youth Leadership Authority staff, Youth Leadership Authority volunteers, Youth Leadership Authority Board Members and all its community partners accept freely to participate in all Community Service events and programs by Youth Leadership Authority (hereinafter referred to as YLA) in Southern Nevada from: **January 1<sup>st</sup> – December 31<sup>st</sup>, 2024**

I hereby authorize my child to participate in any activities associated with YLA, and all the programs offered by Youth Leadership Authority including, but not limited to, transportation, physical exercise, training, community service and living accommodations. I hereby agree for myself and for my child, our successors, heirs and assigns, and volunteer employees acting officially otherwise, release from all liabilities, claims, demands actions or causes of action that I, and my child, may have on account of any injury, loss of damage to his/her person or property arising from his/her presence, attendance or participation in Nevada or during training and community service in Southern Nevada.

I also authorize YLA or their agents to render all necessary medical care. This includes, but is not limited to, the procurement and authorization of any and all medical and hospital care and treatment, including major surgery, deemed necessary by a dully licensed physician in any military or civilian hospital, dispensary, doctor's office, medical facility or at any other place, if such treatment or surgery is recommended to be in the best interest of the health and welfare of the child named above, and that every effort will be made to contact me immediately. I have executed in this agreement, with full knowledge and understanding of its contents and accept all terms for the purposes and considerations set forth herein.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

**YLA** has put in place preventative measures to reduce the spread of COVID-19; however, YLA **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **participating with YLA could increase** your risk and your child(ren)'s risk of contracting COVID-19.



# Youth Leadership Authority Hold Harmless Waiver Agreement

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending YLA events & activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at YLA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, YLA employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at YLA or participation in YLA programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless YLA, its employees, agents, and representatives, of and from YLA programming, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any YLA programming based on the actions, omissions, or negligence of YLA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any YLA programs.

Initial

I acknowledge that I am not currently experiencing Covid 19 symptoms and to my knowledge I have not I been in contact with anyone who has had Covid 19.

\_\_\_\_\_  
**PRINT NAME OF PARENT OR LEGAL GUARDIAN**

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

\_\_\_\_\_  
**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

**ADDRESS:** \_\_\_\_\_

**Street**

**(Apt or Space #)**

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

\_\_\_\_\_  
**County**

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

( ) \_\_\_\_\_  
**Phone Number**

( ) \_\_\_\_\_  
**2<sup>nd</sup> Contact Phone Number**

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





## PHOTO / VIDEO / FILM RELEASE

Youth Leadership Authority (YLA) may encounter the news media, video and film crews, or photographers hired by YLA for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize YLA, or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named as the subject of this application during YLA training or related activities & programs. I understand there will be no compensation to me. All negative and positives, together with said prints, video or film are the property of YLA or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during said training or related activities. I affirmatively release and discharge YLA from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of your child while a participant in YLA Programs.

## Permission & Waiver

I / We, the undersign, do hereby certify that I/we have read and fully understand the attached release and waiver; that I / We have fully consented to such release and waiver and expressly give \_\_\_\_\_ permission to participate in any YLA program.

Furthermore, I/We certify that this application is complete, correct, and true to the best of my/our knowledge.

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Date

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All YLA Programs are based on the  
“whole-person” approach:  
Personal, Professional, Physical  
and Spiritual Development.



## ASSOCIATE - STUDENT

### – Safe Place to Land Series – Programs:

- Self-Care Class
- The Retreat
- The Conversation
- The Constitution

### – South Nevada Devil Pups Series:

- 10-week Physical Leadership Program
- Community Service Program
- Devil Pups Encampment

### – Going into our YLA and SNDP Eagle Program

We offer Spiritual Development sessions and coaching by: Lift One Up, Pastor Equilla Hicks throughout the Associate, Bachelors, Masters levels.

## BACHELOR'S - EAGLE

### – Safe Place to Land Series – Programs:

- Self-Care Class
- The Retreat
- The Conversation
- The Constitution

### – South Nevada Devil Pups Series:

- 10-week Physical Leadership Program
- Community Service Program
- Devil Pups Encampment

### – Bachelor's Series, YLA Eagle Program, SNDP Encampment Eagle

### – Going into our Master's

## MASTER'S - COLLEGE / MILITARY / FIRE / POLICE

- Took the above courses for THREE consecutive years
- Currently enrolled in college or have joined the military, fire or police department
- We also offer personal and professional coaching by our YLA board and group of facilitators.



# Youth Leadership Authority

## Scholarship Application

**OFFICE USE ONLY**

**Course & Tuition:**

- SNDP   
  ASPTL   
  Conversation   
  Constitution  
 Retreat   
  PT & CS   
  Challenge

**Scholarship Awarded**

\$ \_\_\_\_\_

**Parents Financial  
Contribution:**

\$ \_\_\_\_\_

**Course Date:**

\_\_\_\_\_

**School:**

**Student's Name:**

**Date of Birth:**

**Age:**

**Referred by:**

**Parent Name:**

**Parent Name:**

**Address:**

**City, State Zip:**

**Phone Numbers:**

(1)

(2)

**Parents Email:**

**Student's Email:**

**Briefly describe why you are seeking financial assistance for the YLA Program?**

**DISCLAIMER – IF YOU QUIT, YOU ARE RESPONSIBLE TO PAY TOTAL COST FOR THE PROGRAM YOU HAVE REGISTERED FOR.**

**PARENT/GUARDIAN FINANCIAL INFORMATION:**

No of people living in your household:	
Annual Combined Income:	

Briefly tell us why you are interested in attending this class:

**Agreements:**

1. I \_\_\_\_\_ agree to pick up  
*Parent or Guardian*

\_\_\_\_\_ from graduation on \_\_\_\_\_.  
*Student* *Date*

2. I \_\_\_\_\_ agree to submit a thank you letter to  
*Student*  
YLA within two weeks of completing the class to [marie@youthleadershipauthority.com](mailto:marie@youthleadershipauthority.com).

Student Signature:	Date:
Parent Signature:	Date:

**IF YOU RECEIVE THE SCHOLARSHIP, YOU CAN CHOOSE TO INTERN AT:**

- YLA
- LIFT ONE UP
- SHARE VILLAGE
- CHURCH LV
- HENDERSON POLICE DEPARTMENT
- HENDERSON FIRE DEPARTMENT

To “pay it forward,” you will be required to volunteer/intern for a total of 25 hours, at a rate of \$10/hour. The minimum hours per month to volunteer is 5 hours.

\_\_\_\_\_  
INITIAL HERE