



Tourette Syndrome Association
Youth Ambassador Leadership Training Conference
April 17-19, 2012

Application Form

Thank you for your interest in attending the Tourette Syndrome Association's 2012 Youth Ambassador Training Conference scheduled to take place **April 17-19, 2012** at the Hyatt Regency Crystal City Hotel in Arlington, Virginia. Please complete and sign this application, and don't forget to have your parent/guardian sign as well. Unless otherwise instructed, your completed application should be submitted to your local Chapter. All applications must be submitted no later than **Friday, December 30, 2011**. Chapters, and those without a chapter, can send completed applications to TSA c/o Sandra Holland 42-40 Bell Blvd, Suite 205, Bayside, NY 11361. Candidates selected as conference delegates will be notified by **Friday, January 20, 2012**. If you do not have a chapter or have other questions please contact Sandra Holland at TSA Field Services at (718) 224-2999 ext. 251 or email Sandra.holland@tsa-usa.org. **Please clearly print or type all answers.**

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ E-mail: _____

Date of Birth: _____

Do you have a diagnosis of TS? _____ If yes, at what age were you diagnosed? _____

If not, do you know someone with the diagnosis of TS? _____

What is your relationship to that person? _____

Parents' Email: _____ Parents' cell phone: _____

Parents'/Guardians' Names: _____

Siblings' Names and Ages: _____

Hobbies/Pastimes/Sports: _____

T-Shirt Size: _____

Have you been involved in any TSA activities or events? If so, please list the event, what your involvement was, and how much time you have spent on the event/activity:

Have you ever organized an activity? If yes, please explain:

Do you have any experience with public speaking? If yes, please explain:

If not, would you feel comfortable presenting as a trained TSA Youth Ambassador?

(Youth Applicant Signature)

(date)

Please enclose a photo which TSA may use for print materials

We gratefully thank the American Legion Child Welfare Foundation, Inc., and The Ballard Family Foundation/ Karen, Alan, and Michael Hart, for their generous contributions to this program. The TSA seeks additional financial support so that we can continue to make this important program available.

For Parents

I have read "Responsibilities of the Youth Ambassador" and am aware that my child, _____, is applying to be trained at the 2012 Leadership Training Conference as a TSA Youth Ambassador. I understand and agree to the responsibilities and I will serve as the adult member on this Teen/Adult team

Yes No

If not the adult team member, I am aware that _____ (name) will be the adult team member working with my child.

If this application is accepted for attending the Leadership Training as an *Additional Team* rather than the *Funded Team* (please see Leadership Training Conference Information Sheet), I understand that we will be responsible for all costs of the conference, including conference fees, travel, lodging and incidental, and other program costs and materials.

Yes No

I give permission for my child's picture and name to be used by the Tourette Syndrome Association as a Youth Ambassador in any and all publications: Yes No

We are members of TSA (required for YA Training Conference attendance): Yes No

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I grant permission to TSA to use my child's name, hometown, and likeness with the following restrictions:

(Teen Applicant should complete "My Story" - page 4)

----- *For Chapter Use Only* -----

Application Received _____(date)

Application Reviewed by _____

Application Approved: _____ *(chapter chair)*

_____ *(date)*

