

**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

WHEREAS, Ms. Valerie Way, tribal member, and a high school student attending Alchesay High School and tribal member, Phil Endfield, also a student at Alchesay High School, have received invitations from the National Youth Leadership Forum to attend the National Youth Leadership Forum on Medicine to be held March 9 through March 14, 1993 in Washington, D.C.; and

WHEREAS, the program is established for America's most promising high school students who have demonstrated an interest in medicine and the forum provides an opportunity to confer with and learn from the outstanding men and women in the fields today -- practitioners, policy leaders, research scientists, and academic scholars whose achievements and dedication have had a profound effect on the science and practice of medicine; and

WHEREAS, the forum takes the students behind the scenes for "hands-on" visits to world renowned laboratories, learning institutions and medical centers, including the National Institute of Health, where students will be able to observe state of the art research and patient care; and

WHEREAS, Ms. Way and Mr. Endfield are requesting financial assistance from the Tribal Council to attend the Leadership Forum on Medicine; and

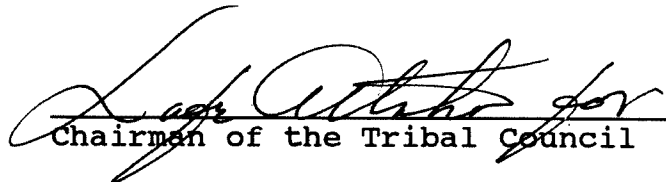
WHEREAS, the Tribal Council concludes that financial aid should be granted to each for the registration fee in the amount of \$735.00 but that airfare for each student to and from the forum should be the student's responsibility; and

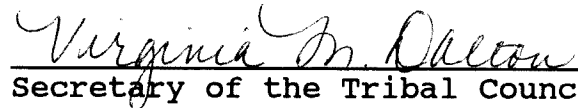
WHEREAS, the Tribal Council further concludes that upon completion of the forum, the students should be required to come before the Tribal Council at their regularly scheduled meeting in April, 1993, and report their accomplishments and experiences.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby directs that the Tribal Treasurer provide financial assistance to Phil Endfield and Valarie Way to attend the National Youth Leadership Forum on Medicine in the amount of \$735.00 each for registration fees.

BE IT FURTHER RESOLVED by the Tribal Council that Mr. Endfield and Ms. Way shall be responsible for raising funds for their airfare to and from the forum in Washington, D.C. and that upon completion of attendance at the forum, they shall appear before the next regularly scheduled Tribal Council meeting and give a report to the Tribal Council as to their accomplishments and experience at the forum.

The foregoing resolution was on September 09, 1992, duly adopted by a vote of eight for and zero against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article V, Section 1 (i) of the Amended Constitution and Bylaws of the Tribe, ratified by the Tribe June 27, 1958, and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).


Chairman of the Tribal Council


Secretary of the Tribal Council

RECEIVED

SEP 29 1992

FORT APACHE INDIAN AGENCY
WHITERIVER, ARIZONA

THE NATIONAL YOUTH LEADERSHIP FORUM ON MEDICINE REGISTRATION, RELEASE AND AGREEMENT TO FORUM RULES

IMPORTANT INSTRUCTIONS

1. Complete and sign all sections below. Please type or print.
2. Read and sign the Release and Agreement to Forum Rules, Emergency Medical Authorization and Code of Conduct Statement.
3. Return this registration with a check or money order for \$735.00 made payable to The National Youth Leadership Forum on Medicine, or complete the extended payment option below. Please staple your check or money order to the top of this page. There are a limited number of spaces and registrations will be processed strictly in order of receipt and must be received no later than: **OCTOBER 30, 1992**

EXTENDED PAYMENT OPTION

For your convenience, the full \$735.00 Forum tuition (plus a \$25.00 credit card processing fee) may be charged to Master Card or VISA. To take advantage of this option, please supply the following information:

VISA MasterCard Cardholder's Name _____
Card Number _____ Valid Dates From: _____ Thru: _____

GENERAL INFORMATION (Please make any corrections below)

Mr. Phil Endfield
Po Box 4
Show Low, AZ 85911

Conference dates are March 9 to 14, 1993

Nickname or Preferred Name _____

Home Phone Number (with area code) _____

Father's Name _____ Father's Daytime Phone Number _____

Mother's Name _____ Mother's Daytime Phone Number _____

Other Emergency Contact _____ Contact's Daytime Phone Number _____

Your Sex? Male ___ Female ___ Your Social Security Number _____

Your Grade? 11th ___ 12th ___

Date of Birth _____ U.S. Congressional Representative _____ District _____

Most Convenient Major Airport to your Home _____

INFORMATION ABOUT YOUR HIGH SCHOOL

Name of School _____

Mailing Address of School _____

City _____ State _____ Zip Code _____

School's Main Phone Number (with area code) _____

Principal's Name _____

**RELEASE AND AGREEMENT TO NATIONAL YOUTH LEADERSHIP
FORUM ON MEDICINE RULES**

In consideration of my being allowed to participate in the National Youth Leadership Forum on Medicine, a program sponsored by The National Youth Leadership Forum, Inc. I, _____ (name), who am _____ years of age ("Applicant"), do hereby release and forever discharge for myself and for my heirs, executors, and administrators, The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, damages, actions or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of or incident to my participation in said National Youth Leadership Forum on Medicine, which I myself, my heirs, executors, administrators or assigns, by reason of any matter, cause or thing whatsoever may have.

In consideration of the Applicant being accepted as a participant in the National Youth Leadership Forum on Medicine, I, _____ (name), the undersigned parent, guardian or next friend of said Applicant ("Parent") hereby assume all responsibility from and all risk of damage or injury that may occur to Applicant as a participant in said National Youth Leadership Forum on Medicine, release and discharge The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, rights or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to Applicant's participation in said National Youth Leadership Forum on Medicine.

And furthermore, I, the Parent, do hereby expressly stipulate and agree, in consideration of the Applicant being allowed to participate in said National Youth Leadership Forum on Medicine, to indemnify and hold forever harmless, The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, damages, actions or causes of action on account of any nature whatsoever that may hereafter at any time be made or brought by the Applicant or by anyone on behalf of the Applicant for the purpose of enforcing a claim for damages or injury sustained by reason of the Applicant's participation in said National Youth Leadership Forum on Medicine and I also hereby agree to reimburse and make good to The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents any loss, damages or cost they may have to pay as a result of any such action, claim or demand.

I, the Applicant, grant the National Youth Leadership Forum on Medicine and The National Youth Leadership Forum, Inc. permission to use photographs, videotapes or movies taken of me in connection with the Forum. I also agree that both may use my name, as needed, as a result of Forum activities.

I understand that this registration and release must be received by The National Youth Leadership Forum on Medicine no later than the due date, accompanied by a check or money order for \$735.00 (for credit card payment an additional \$25.00 processing fee is charged) made payable to The National Youth Leadership Forum on Medicine. There is a \$20.00 fee for returned checks.

I understand and agree my participation entitles me to the standard arrangements and activities offered and/or scheduled by The National Youth Leadership Forum on Medicine, including, but not limited to, housing, meals, charter bus transportation during the Forum, and educational materials, and that all special arrangements and/or requirements must be independently provided and/or that I must bear the cost of any and all special arrangements and/or requirements outside of the standard activities and arrangements offered by the National Youth Leadership Forum on Medicine.

I understand that all registrations are processed strictly in order of receipt and that registrations may exceed available space. I understand that this is an application for participation, and my acceptance is contingent on final approval by The National Youth Leadership Forum on Medicine with whom sole discretion resides. If I am not accepted, all money received from me will be returned.

I understand and agree that if, after having been accepted by The National Youth Leadership Forum on Medicine I cancel my participation in the National Youth Leadership Forum on Medicine for the week enrolled, the Forum will issue a refund of \$635.00 provided that notification of cancellation is received by The National Youth Leadership Forum on Medicine prior to the registration deadline. Requests that are received after the registration deadline and no later than fourteen days prior to the start of the scheduled Forum week will receive a refund of \$485.00. No refund is available when the cancellation is received fewer than fourteen days prior to the start of the scheduled Forum week. All refund requests must be in writing.

IN WITNESS WHEREOF, we hereunto set our hands this _____ day of _____, 19 _____.

Signature of Applicant

Signature of Parent or Guardian

THE NATIONAL YOUTH LEADERSHIP FORUM ON MEDICINE REGISTRATION, RELEASE AND AGREEMENT TO FORUM RULES

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Card Number _____ Valid Dates From: _____ Thru: _____

GENERAL INFORMATION (Please make any corrections below)

Miss Valerie Way
Po Box 1293
Whiteriver, AZ 85941

Conference dates are March 9 to 14, 1993

Nickname or Preferred Name _____

Home Phone Number (with area code) _____

Father's Name _____ Father's Daytime Phone Number _____

Mother's Name _____ Mother's Daytime Phone Number _____

Other Emergency Contact _____ Contact's Daytime Phone Number _____

Your Sex? Male ___ Female ___ Your Social Security Number _____

Your Grade? 11th ___ 12th ___

Date of Birth _____ U.S. Congressional Representative _____ District _____

Most Convenient Major Airport to your Home _____

INFORMATION ABOUT YOUR HIGH SCHOOL

Name of School _____

Mailing Address of School _____

City _____ State _____ Zip Code _____

School's Main Phone Number (with area code) _____

Principal's Name _____

RELEASE AND AGREEMENT TO NATIONAL YOUTH LEADERSHIP FORUM ON MEDICINE RULES

In consideration of my being allowed to participate in the National Youth Leadership Forum on Medicine, a program sponsor by The National Youth Leadership Forum, Inc. I, _____ (name), who am _____ years of age ("Applicant"), do hereby release and forever discharge for myself and for my heirs, executors, and administrators, The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, damages, actions or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of or incident to my participation in said National Youth Leadership Forum on Medicine, which I myself, my heirs, executors, administrators or assigns, by reason of any matter, cause or thing whatsoever may have.

In consideration of the Applicant being accepted as a participant in the National Youth Leadership Forum on Medicine, I, _____ (name), the undersigned parent, guardian or next friend of said Applicant ("Parent") hereby assume all responsibility from and all risk of damage or injury that may occur to Applicant as a participant in said National Youth Leadership Forum on Medicine, release and discharge The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, rights or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to Applicant's participation in said National Youth Leadership Forum on Medicine.

And furthermore, I, the Parent, do hereby expressly stipulate and agree, in consideration of the Applicant being allowed to participate in said National Youth Leadership Forum on Medicine, to indemnify and hold forever harmless, The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents from all claims, demands, damages, actions or causes of action on account of any nature whatsoever that may hereafter at any time be made or brought by the Applicant or by anyone on behalf of the Applicant for the purpose of enforcing a claim for damages or injury sustained by reason of the Applicant's participation in said National Youth Leadership Forum on Medicine and I also hereby agree to reimburse and make good to The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., their successors, assigns and its employees and agents any loss, damages or cost they may have to pay as a result of any such action, claim or demand.

I, the Applicant, grant the National Youth Leadership Forum on Medicine and The National Youth Leadership Forum, Inc., permission to use photographs, videotapes or movies taken of me in connection with the Forum. I also agree that both may use my name, as needed, as a result of Forum activities.

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IN WITNESS WHEREOF, we hereunto set our hands this _____ day of _____, 19 _____.

Signature of Applicant

Signature of Parent or Guardian

MEDICAL INFORMATION

Please complete this section. The information contained in this medical record will be maintained at the Forum site. The remainder of the registration is held in the main office. It is important that we have this information available in both locations.

Full Name of Applicant _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

Father's Name _____ Father's Daytime Phone Number _____

Mother's Name _____ Mother's Daytime Phone Number _____

Insurance Company (Required) _____

Group or I.D. # (Required) _____

Name of Subscriber (Required) _____

Applicant's Physician _____

Physician's Address _____

Physician's Phone _____

Please list known allergies and important medical information _____

Does the state of your health require that special arrangements be made? Do you need assistance or special medication in order to be totally mobile or independent? Please indicate below so that we are able to assist in the coordination of any special arrangements that may be helpful. If you answer 'Yes' to any of the items below, please use the space provided to explain the type of assistance that would be needed. Please attach an additional sheet if necessary.

Physical Handicaps No__Yes__Assistance Needed _____

Psychological Problems No__Yes__Assistance Needed _____

Hearing Impairment No__Yes__Assistance Needed _____

Vision Impairment No__Yes__Assistance Needed _____

Is there any other reason why the applicant would need special assistance, facilities or arrangements? If so, please specify. Please attach an additional sheet if necessary.

No__Yes__Special Needs _____

The National Youth Leadership Forum on Medicine encourages registration by physically challenged students. The Forum is able to help coordinate with outside sources to locate interpreters for the hearing impaired, personal aides for the visually impaired, and wheelchair-equipped vehicles for those with limited mobility. The Forum's staff can help locate the appropriate services here in Washington; however, the Forum is unable to assume financial responsibility for any of these services. Handicapped students and their parents or educators are encouraged to call the Forum for more information and to discuss particular needs before they apply.

EMERGENCY MEDICAL AUTHORIZATION

I, _____, the parent/guardian of _____, do hereby request, authorize, and give permission to The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine or its duly authorized representative, to act on my behalf and in my stead should my son/daughter complain of being ill, be injured or require emergency or other medical treatment, including hospitalization, during the National Youth Leadership Forum on Medicine. I understand that in the event that my son/daughter complains of being ill or is injured during the National Youth Leadership Forum on Medicine, he/she will be taken to a hospital emergency room and examined by an emergency room physician. If the physician determines that my son/daughter does not require hospitalization but should not continue as a Forum participant, at the written direction of the physician, my son/daughter will either be sent home promptly, or a registered nurse will be hired to stay with my son/daughter until such time as the physician determines that he/she is able to safely travel home, or rejoin the Forum activities. I expressly stipulate and agree that I will be solely responsible for all expenses incurred and will release and hold harmless The National Youth Leadership Forum, Inc., The National Youth Leadership Forum on Medicine, National Capital Resources, Inc., its officers, directors, employees, administrators, agents, successors and assigns from all claims, demands, damages, actions or causes of action, present or future, whether known, anticipated or unanticipated, and resulting from, rising out of, or incident to their actions pursuant to this authorization.

Date: _____ Signature of Parent/Guardian: _____

If your parent/guardian is not available, whom shall we contact?

Name: _____ Phone Number: _____

Relationship to applicant: _____

CODE OF CONDUCT STATEMENT

I understand that participants in the National Youth Leadership Forum on Medicine must uphold the highest standards of personal conduct. I agree that I will not use tobacco, alcohol or non-prescription controlled substances during the Forum. I also agree to follow the instructions of the Forum staff at all times, participate in all Forum activities and not leave the Forum group at any time during the Forum. I understand that an infraction of these rules will result in my immediate dismissal, return home at my expense, and forfeiture of all Forum tuition paid.

Date: _____ Signature of Applicant: _____

The National Youth Leadership Forum
On Medicine
2020 Pennsylvania Avenue NW
Washington, DC 20006
(202) 347-4036