



National Federation of the Blind  
Youth Leadership Academy

***Application***

Name of applicant:

Birth date:	Gender:	Current Grade:
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Parent/guardian name(s):

Home address:

City, State, & ZIP:

Phone numbers: (H)

(W)

(C)

Applicant's email address:

Parent/Guardian's email address:

Please indicate the nearest airport or train station for travel:

Please clearly tell us about any medical conditions or disabilities you have, including allergies, special dietary needs, and any medication that will need to be taken during the Youth Leadership Academy in the space provided below:

Applications should be returned to:

Rosy Carranza  
200 E. Wells Street  
Baltimore, MD 21230  
Telephone: 410-659-9314, ext. 2283  
Email: [rcarranza@nfb.org](mailto:rcarranza@nfb.org)  
Fax: 410-659-6893

## ***Parent/Guardian Consent***

Every precaution is taken to protect the safety of all students. However, in the event of an accident, I consent to any emergency medical treatment that is deemed necessary at the nearest hospital or health care facility.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Emergency Contact info

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date