



# STYC

2019-20 School Year

Are you interested in representing  
your High School in the  
South Texas Youth Congress?

If you are interested—Fill out the application.

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**WHEN:**

**WHERE:**

Contact \_\_\_\_\_  
for your pass to attend.

An initiative of the Dream Forward Foundation  
[www.stxyouthcongress.net](http://www.stxyouthcongress.net)





2019-20 School Year

# Candidate Filing Form

\_\_\_\_\_  
Candidate Name (PRINT)

\_\_\_\_\_  
High School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

## Check List

- Candidate Filing Form**—Submit to Principal and STYC.
- Essay**—300-500 word why you want to be a member of STYC.
- Parent Approval**—Parent sign consent form.
- Principal, Counselor and Teacher Approval**
- Parent and Medical Information**
- Candidate Support**

**Submit application to:**

Candidate for the  
South Texas Youth Congress

\_\_\_\_\_  
Student (PRINT)

\_\_\_\_\_  
High School

## Principal Approval

\_\_\_\_\_  
Principal (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Counselor Approval

\_\_\_\_\_  
Counselor (PRINT)

\_\_\_\_\_  
Class

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Teacher Approval

\_\_\_\_\_  
Teacher (PRINT)

\_\_\_\_\_  
Class

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Guardian Contact Information

Please PRINT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

## Medical and Insurance Information

Allergies: \_\_\_\_\_

Gender: FEMALE  MALE  Date of Birth: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Insurance Provider Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Provider Phone Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_





# Activities List

Please list school organizations, clubs, band, sports, after school job, and such:

Name Activity

Time required  
per week

Name Activity	Time required per week



# Parent Consent Form

## Consent to participate in the South Texas Youth Congress

Student's Name: \_\_\_\_\_ High School: \_\_\_\_\_

I hereby consent that my child or ward be permitted to participate in the South Texas Youth Congress and related activities. I also, permit my child or ward to travel to and from such activities.

I understand and agree to the following:

- The South Texas Youth Congress intent is to provide students first-hand experience on the legislative process, basic state government operations, leadership, and group dynamics.

- My child or ward will be responsible for their own transportation and the STYC is not responsible for any private transportation. STYC will reimburse for mileage expenses at the accepted State rate upon filing a W-9 form with DF.

students with vehicles are expected to remain present for the duration of STYC related event. If any students leaves the event, the Dream Forward Foundation (DF) and all officials, employees, agents, and volunteers are not responsible. Staff will notify parents the student leaves prior to the end of the Youth Congress. If the student must leave prior to the end of the Youth Congress, parents must notify DF prior to the start of the event.

- I hereby release and discharge the DF and all officials, employees, agents, and volunteers associated with the STYC and related activities from any and all claims and demands arising out of or in any way connected with my child or ward's participation in the STYC and related activities.

- I agree to indemnify and hold harmless the Dream Forward Foundation, South Texas Youth Congress, and other sponsoring agencies, and other sponsoring agencies' officials, employees, agents, and volunteers against any and all liability, damage loss, claims or demands whatsoever, including attorney fees, which arise out of or are in any way connected with my child or ward's participation in the STYC or related activities.



# Parent Consent Form

The South Texas Youth Congress (STYC) is an initiative of the Dream Forward Foundation (DF)

● I authorize any official, employee, agent, or volunteer to consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no official, employee, agent, or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the Dream Forward Foundation, South Texas Youth Congress and other sponsoring agencies' officials, employees, agents, and volunteers from any and all liability, damage, loss, claims, or demands whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

I further grant permission for \_\_\_\_\_ to appear in person or in voice, video, photographic presentation, for radio, television, the South Texas Youth Congress website, electronic or print media reports and/or media campaign(s) resulting from participation in the Youth Congress.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STYC**



[www.styc.rocks](http://www.styc.rocks)

Dream Forward Foundation

The South Texas Youth Congress (STYC) is the primer initiative of the Dream Forward Foundation (DF) IRS 501c3 organization operating in Texas.