



# Democratic Women of the South Suburbs

Please complete the following to be considered for participation in Lobby Day Thursday, May 4, 2017.

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Email address \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

GPA \_\_\_\_\_

Community service hours earned \_\_\_\_\_

Student leadership activities

\_\_\_\_\_

Extracurricular activities

\_\_\_\_\_

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Please submit your completed application and the optional Essay (below) to DWSS by Friday, April 7, 2017. Submissions will be accepted by mail, Fax (708) 444-4935 Attn: Ashonta C. Rice Akiwowo, and by email at [ildwss@gmail.com](mailto:ildwss@gmail.com). Accepted students will be notified by telephone and email on or before April 14, 2017. A completed Youth Outing Release Form (attached) will be due from those accepted by April 21, 2017.

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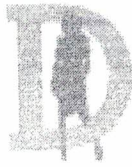
### Book Scholarship Opportunity

DWSS will offer 3 book scholarships in the amounts of \$250, \$150, and \$100 for the 3 best essays from Lobby Day participants on the following essay topic. If you would like to be considered for a scholarship, please write no less than 750 words on the following essay topic.

Essay topic:

A recent article cited mediation instead of detention as being more effective in addressing student discipline.

- A. Why do you feel its effectiveness has been identified and praised in the media?
- B. Why is it important for school districts to implement alternative disciplinary techniques?
- C. What alternative disciplinary techniques would you recommend for your school?



# Democratic Women of the South Suburbs

YOUTH OUTING RELEASE FORM – DUE APRIL 21, 2017

Parent/Guardian's Consent for Participation Form

I, \_\_\_\_\_ do hereby give my permission for my child,  
(Parent/Guardian's Name)

\_\_\_\_\_ to attend and participate in the Democratic Women of the South  
Suburbs Youth Democracy Day at the State Capital in Springfield, Illinois on Thursday, May 4, 2017.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian's Consent Release Form

I assume all risk, including any risk associated with any special medical needs or condition while participating in the above Youth Outing Program. I authorize medical personnel and/or staff to administer medical care treatment as circumstances require while participating in the above Youth Outing Program. I agree not to hold such person responsible for any damage arising from giving of such consent and agree. IF EMERGENCY TREATMENT OR SURGERY IS NECESSARY, I HEREBY AUTHORIZE THE ATTENDING PHYSICIAN TO ADMINISTER ANY TREATMENT INCLUDING SURGERY, WHICH THEY DEEM NECESSARY. FOR AND IN CONSIDERATION OF THE PARTICIPATION OF THE PARTICIPANT IN THE YOUTH OUTING PROGRAM, I HEREBY RELEASE AND HOLD HARMLESS THE DEMOCRATIC WOMEN OF THE SOUTH SUBURBS, ITS AFFILIATES, AND THEIR OFFICERS, EMPLOYEES, VOLUNTEERS, OR AGENTS, AND ANY MEDICAL TREATMENT PERSONNEL IT SELECTS, FROM ANY AND ALL LIABILITY OR DAMAGES INCLUDING ACCIDENTAL INJURIES OR ILLNESS, WHICH MAY RESULT FROM THE PARTICIPANTS ATTENDANCE OR TRANSPORTATION TO AND FROM SAID PROGRAM/EVENT OUTING.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

PHONE NUMBERS:  
Home \_\_\_\_\_ WORK \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Any Medical Needs: \_\_\_\_\_ Medicine \_\_\_\_\_ Time Taken \_\_\_\_\_

DOES YOUR CHILD SUFFER FROM ANY OF THESE? PLEASE CHECK ALL THAT APPLY.

ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ EPILEPSY \_\_\_\_\_ HEART DISEASE \_\_\_\_\_ HAY FEVER \_\_\_\_\_ MUSCLE CRAMPS \_\_\_\_\_

PLEASE LIST ANY ALLERGIES OR OTHER MEDICAL PROBLEMS THAT MAY PERTAIN TO THE PARTICIPANT.  
\_\_\_\_\_