



THE CONGRESSIONAL AWARD

Registration Form and Waiver

PARTICIPANT INFORMATION

Name: _____

Date of Birth: _____

Age: ____ Gender: ____ Male ____ Female

Address: _____

City: _____

State:/Zip: _____ / _____

Phone: _____

Email: _____

**SEND COMPLETED FORM AND \$15
REGISTRATION FEE TO:**

Wyoming Congressional Award
P.O. Box 462
Encampment, WY 82325

****Make checks payable to the Congressional Award****

ADVISOR INFORMATION

Choose an Advisor other than a parent, relative or peer!

Advisor's Name: _____

Address: _____

Phone: _____

Email: _____

Submission Checklist

- Completed registration form
- \$15 registration fee
- Completed Summary of Goal Plan

How did you learn about the Congressional Award? _____

WAIVER & AGREEMENT

I agree to the following Congressional Award ("Program") rules and requirements:

- I will select the activities I will perform in order to earn an award or certificate.
- I will not attempt to perform any activity until I have made certain that I can perform it safely.
- No one is authorized by the Program to: (i) advise as to the safety of any activity, or as to whether I am prepared to perform it safely, or (ii) supervise or exercise any control or authority over me or any other participant.
- I hereby release and hold harmless each of the individuals and legal entities involved in the Program from any and all liability of any kind for any injury I might suffer while performing any activity in connection with the program.
- Information about me and my participation in the Program may be publicized by the Program.
- This agreement shall remain in effect as long as I am participating in the Program.

Participant : _____

DATE: _____

SIGNATURE: _____

PARENTS/GUARDIANS ACKNOWLEDGEMENT

We are the parents or legal guardians of the Congressional Award participant listed above. We have read the foregoing Waiver and Agreement and agree on behalf of ourselves and the participant to the terms thereof. We will assure ourselves that the participant is aware of the risks involved in each activity and we take full responsibility in lieu of the Program for each activity.

Parent(s) Name(s): _____

DATE: _____

SIGNATURE: _____

*Required for all candidates who are under the age of 18.

SUMMARY OF GOAL PLAN

Name: _____

Date: _____

Please write in the year and mark your anticipated months of activity with an X or shaded box.

Year:	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
VPS												
PD												
PF												
E/E												

Please write in the year and mark your anticipated months of activity with an X or shaded box.

Year:	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
VPS												
PD												
PF												
E/E												

Voluntary Public Service (VPS) ~ Providing service to the community (up to four goals):

1. _____
 _____ Validator: _____
2. _____
 _____ Validator: _____
3. _____
 _____ Validator: _____
4. _____
 _____ Validator: _____

Personal Development (PD) ~ Developing personal interests, employment or social skills (up to two goals):

*Goals must demonstrate new learning

1. _____
 _____ Validator: _____
2. _____
 _____ Validator: _____

Physical Fitness (PF) ~ Improving quality of life through measurable fitness activities (up to two goals):

*Goals must be measurable with a beginning skill level indicated and the final desired goal also stated

1. _____
 _____ Validator: _____
2. _____
 _____ Validator: _____

Expedition/Exploration (E/E) ~ Undertaking a wilderness or cultural experience (additional guidelines can be found at www.wcac.us)

You are responsible for adhering to the national requirements to meet the E/E component.

If you would like to submit an Expedition Plan for review, you can access the form at www.wcac.us under the Participant's Tab. You must submit the plan a minimum of four weeks prior to the experience.