



Twin Falls Area Chamber of Commerce

Return completed application to:

Megan Fleshman

2015 Neilsen Point Place, Twin Falls, ID 83301

Phone (208) 733.3974, megan@twinfallschamber.com

Name: _____

Parents: _____

High School: _____

Email: _____ **Parent's Email:** _____

Phone: _____ **Parent's Phone:** _____

Emergency Contact: _____

Emergency Phone: _____

In what future jobs or career fields (general or specific) are you most interested?

Do you have any allergies to food, medication or dietary restrictions? _____

Are you currently taking any medications? _____

There is a \$100.00 fee to attend the Magic Valley Student Leadership Program due prior to the first session. This fee is non-refundable once accepted into the program. Students must be passing at least 75% of classes with a minimum 2.0 GPA in order to continue participation in the program. Leadership days will be counted as excused absences. All classroom work must be made up to the satisfaction of the teachers. The program will be limited to 45 students. Students will be chosen by a committee based on answers to above questions.

I, _____ (parent/guardian) give permission for _____ (participant's name), to take part in the Magic Valley Student Leadership Program. I agree to hold harmless and indemnify their School District, the Twin Falls Area Chamber of Commerce and any other organization that partakes in the MVSLP, including their employees, agents, and representatives, from any and all claims, causes of action or damages relating to this student's participation in the Magic Valley Student Leadership trips. _____ (guardian initials).

I further give my permission to the signed advisor to see and or approve emergency medial attention for my child, should it become necessary and I can not be immediately reached, after reasonable effort. I will assume full responsibility for my son/daughter _____ (guardian initials).

I further give permission for my son/daughter to attend the Magic Valley Student Leadership session "Law & Justice Day", and to participate in law enforcement demonstrations at the Twin Falls Police Department Shooting Range including shooting firearms under close supervision by officers of the Twin Falls Police Department and members of the SWAT team. _____ (guardian initials).

Participant: Due to medical restrictions and laws I understand that some information, heard or seen, while at Health and Wellness Day at St Luke's Magic Valley or any other facility or any other day, will need to be held in strict privacy and confidentiality. _____ (participant's initials).

Application Deadline is August 15, 2025

Date _____ **Applicant Signature** _____

Date _____ **Parent Signature** _____

Date _____ **Recommending Advisor Signature** _____