

Dear 2012 Mock Trial Summer Applicant:

Enclosed you will find the forms that need to be filled out and mailed, (I need the original signatures to ensure the forms are valid) to the LYC office by March 2, 2012 for consideration for acceptance into MTSI 2012 which is taking place July 15-20 at [Silver Bay, NY](#). Attached is a sample schedule of a typical week at Mock Trial Summer Institute. You can also view our [youtube](#) video for pictures from a week at camp.

In addition to these forms being fully completed, you will need to write a 500 word essay about why you should be chosen for attendance. Two recommendation letters are also required. One from your teacher coach and one from your attorney mentor are preferred. A clear copy of your insurance card is required as well.

Starting in March, a review committee will begin going through the applications. If you are accepted into MTSI, you will need to confirm your attendance and secure your spot by sending in the \$250.00 MTSI fee by April 25. Financial assistance packages will be available. Please contact Stacey Whiteley directly if you'd like to find out more about financial assistance.

Here's a checklist of what you need to complete and mail back in:

- ✓ **Form A**
- ✓ **Form B**
- ✓ **Form C**
- ✓ **Essay**
- ✓ **Two letters of recommendation**
- ✓ **Copy of insurance card**

Mailing address:

**NYSBA/LYC
MTSI
Attn: Stacey Whiteley
One Elk Street
Albany, NY 12207**

swhiteley@gmail.com
518-486-5760
www.lycny.org

APPLICATION
New York State High School
Mock Trial Summer Institute
July 15-20, 2012

Please Print!

Name: _____

School Name: _____

County School Is In: _____

Home Address: _____
Street City Zip Code

Best phone number to contact you (include area code): _____

Best phone number to contact parent/guardian (include area code): _____

E-mail (PRINT NEATLY): _____

Years on Mock Trial Team: _____ Grade: _____ Age: _____

Gender: Male _____ Female _____ Shirt Size: S M L XL XXL

Have you applied for Mock Trial Camp/Summer Institute in the past? _____ When? _____

Are you eligible for the NYS School Lunch Program: Y _____ N _____

On a separate piece of paper, please tell us why you should be chosen to participate in the Mock Trial Summer Institute. Be sure to include your name on the essay. The essay should be approximately 500 words long. You will also need two letters of recommendation, one from your teacher coach and one from your attorney advisor.

Student Signature: _____

Parent Signature: _____

Date: _____

2012 Mock Trial Summer Institute Student Health Form

Student Name: _____ Date of Birth: _____

EMERGENCY CONTACT

Parent/Guardian Name: _____

Primary Phone: _____ Alternate phone: _____

I give, _____ (Student Name), permission to participate in all aspects of the 2012 New York State Mock Trial Institute, being held at Silver Bay, NY from July 15-20, 2012.

I. Authorization for Medical Treatment of Minors

If a child who is less than 18 years of age needs medical treatment or hospitalization while participating in the 2012 Mock Trial Summer Institute from July 15-20 in Silver Bay, NY, consent of a parent or guardian is required. Care may be rendered only with such consent except in a true emergency. Efforts to contact parent/guardian may delay treatment. This document is designed so that healthcare arrangements can be made for your child.

I, being the parent of legal guardian of the above named minor, do hereby appoint the faculty and staff of the 2012 Mock Trial Summer Institute to act on my behalf in authorizing medical, dental, surgical, or hospital care regarding the above mentioned minor should I not be able to be reached at the telephone number indicated above during the period of July 15-20, 2012.

Parent/Guardian Signature

Witness Signature

II. Medical Coverage for the Above Named Minor:

Insurance Carrier/HMO

ID/Group # if Applicable

This document can be presented to a hospital or physician at such expected time that medical, dental, surgical or hospital treatment may be required.

Please include a clear photocopy of your child's insurance card.

III. Medical History

Is your child allergic to any medications? ____ If yes, please list: _____

Does your child currently take any daily medications? **It is of great importance you list ALL medicines (over the counter as well) your child takes here. This information is kept confidential. This information is of vital importance if there is a need for medical care for your child.**

Please list ALL medications/dosage and why your child takes them.

Example: Claritin, twice daily, allergies.

Please note: all medications must be turned into the MTSI nurse upon check in. Medications will be kept in locked storage. The nurse will be available for medication distribution as required.

Immunization history: DTap: _____
Menactra: _____

Please note here if there are ANY special physical or dietary needs that should be known, including any environmental and food allergies.

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION PACKET FOR THE STUDENT TO BE CONSIDERED.

2012 Mock Trial Summer Institute

STUDENT/PARENT RULES AGREEMENT and WITHDRAWAL POLICY

The parent and student applying for Mock Trial Summer Institute should carefully read the following rules. It will be understood once this form is signed and returned that all parties agree to the stipulations and also understand that if the rules are broken, the student participating in the Mock Trial Summer Institute will be sent home, at the sole discretion of the Mock Trial Summer Institute Director and at the expense of his/her parent/guardian.

Students will not be permitted to:

1. Leave rooms after curfew without notifying a chaperone.
2. Go into rooms of the opposite sex after curfew.
3. Drink alcohol or use drugs.
4. Skip sessions or any workshops/activities.
5. Leave a messy room when you check out.
6. Damage or take anything from their room (property of Silver Bay) or damage any equipment, materials or property anywhere on the Silver Bay grounds.
7. Cancellation of attendance is allowed with full refund up to one week prior to the start of MTSI. Refunds will not be issued for cancellations made after this point.

I understand the above, have asked questions if I had any, and realize that breaking any rules (and not just those listed on this paper) can result in suspension of participation and/or being sent home early from Mock Trial Summer Institute with no refund of fees issued.

Student signature: _____

Parent/guardian signature: _____

Witness signature: _____

RELEASE

In connection with the July 15 through 20, 2012 "Mock Trial Summer Institute," I acknowledge that news media and a professional photographer have been invited to attend and report on the event, and take photos for future promotional materials. I acknowledge that I/my child may be photographed and/or videotaped during the competition and consent to any and all uses of said video and any portraits, still pictures, or other photographic reproductions and sound recordings in which I/my child may be portrayed.

Name (please print): _____

Signature: _____ Date: _____

Parent/Guardian signature: _____