



The Leadership School at Kieve

ADULT APPLICATION FORM

Program Name _____ Date(s) of stay _____

Name _____ Nickname _____ M/F
Last First Middle

Home Address _____
Street Town
_____, _____ Home Phone (____) _____
State Zip

Other/Best Contact Phone(s) _____

Emergency Contact _____ Phone Number(____) _____

Do you have any special needs or medical problems of which we should be aware?

Medications _____

Family Physician _____ Telephone (____) _____

Emergency Information: In case of a serious illness, injury, or emergency condition whatsoever, the person who is listed on this form as the Emergency Contact will be notified immediately by telephone, if at all possible. If contact should prove impossible, or in a situation when delay might cause serious injury to the participant, the Director (or anyone appointed by him) shall have the authority to authorize any medical or surgical procedure, and the use of anesthesia. Kieve is not responsible for any medical expenses incurred.

I accept the terms and conditions on this application:

Signature