



# LONG ISLAND UNIVERSITY

## YOUNG VISIONARIES ACADEMY AT LIU POST

### REGISTRATION APPLICATION YOUNG VISIONARIES ACADEMY LIU SCHOOL OF PROFESSIONAL STUDIES

RETURN TO:  
**Email:** [YVA@liu.edu](mailto:YVA@liu.edu)  
**Or Mail:**  
Young Visionaries Academy  
Long Island University  
Attn: Karen Young  
Lorber Hall | LIU Post  
720 Northern Boulevard  
Brookville, New York 11548-1300  
Phone: 516-299-2580  
Tuition Payments Online at:  
<https://webapps.liu.edu/youngva/>

**LIST PROGRAM(S) NAME  
HERE**

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This form may be emailed to [YVA@liu.edu](mailto:YVA@liu.edu)

### APPLICATION FORM: YOUNG VISIONARIES ACADEMY

(PLEASE PRINT OR SCAN OR TAKE PHOTO OF APPLICATION AND EMAIL TO [YVA@liu.edu](mailto:YVA@liu.edu))

NAME \_\_\_\_\_ SEX \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH \_\_\_\_\_

PRESENT GRADE \_\_\_\_\_

ADDRESS OF CANDIDATE

(Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

HOME PHONE NUMBER (including area code) \_\_\_\_\_

FATHER'S CELL PHONE NUMBER (including area code) \_\_\_\_\_

MOTHER'S CELL PHONE NUMBER (including area code) \_\_\_\_\_

Father's Business Phone (including area code) \_\_\_\_\_

Mother's Business Phone (including area code) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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NAMES AND OCCUPATIONS OF PARENTS (please include last name if different from candidate.)

FATHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

MOTHER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

How did you learn about this program? (If social media, website or email, please specify.)

\_\_\_\_\_

Does your child have any unique interests or abilities? (If yes, please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note any health concerns/medications? \_\_\_\_\_

NAME OF PRESENT SCHOOL \_\_\_\_\_

ADDRESS (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

SCHOOL TELEPHONE NUMBER (including area code) \_\_\_\_\_

**SIBLINGS IN THE PROGRAM** (if any) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PHOTO RELEASE FORM FOR MINOR CHILDREN:**

I, \_\_\_\_\_ hereby authorize Long Island University to publish the photographs taken of me and/or the minor children listed below, and our names, for use on the University website, publications and social media. I release LIU from any expectation of confidentiality for the minor children and myself and attest that I am the parent or legal guardian of the child or children listed below and that I have the authority to authorize LIU to use their photographs and names. I acknowledge that since participation in publications and websites produced by LIU is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by LIU confers no rights of ownership whatsoever. I release, the LIU its officials, agents, volunteers, contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the minor child or children listed below.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

If you wish to decline the Photo Release, please sign and date here: \_\_\_\_\_

**REFUND POLICY:** Once your child is registered for the Young Visionaries Academy, there are no refunds except for medical emergency which requires a doctor's note.

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**WAIVERS:**

**Waiver and Form for Liability and Parent/Guardian Consent**

The Young Visionaries Academy operates under the rules and regulations of Long Island University. The safety and well-being of all our students are our first priority and LIU takes all possible measures to ensure safety on campus. However, some activities may involve an element of risk or unforeseen accidents. In consideration of the acceptance of my application to the LIU Young Visionaries Academy, I hereby waive, release, and discharge Long Island University, its officials, officers, employees, volunteers, and agents from liability. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assignees.

**Consent for Treatment**

I hereby give my consent to have the above applicant (page 1) treated by emergency medical personnel in case of sudden illness or injury while participating in the above activity. It is understood that Long Island University will not provide medical insurance for such treatment, and that the cost thereof will be at my expense.

**Consent of the Parent or Guardian**

I give consent for my child, \_\_\_\_\_, to participate in the above program, and agree to all Waivers.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
OF PARENT OR GUARDIAN

**WEATHER RELATED CLOSINGS:** The Young Visionaries Academy operates under the auspices of Long Island University. If LIU Post classes are cancelled, our classes are also cancelled. Please check the LIU website at [www.liu.edu](http://www.liu.edu) or call the LIU Emergency Phone number at 516-299-3637 (516-299-EMER). Our office will not be able to make individual calls or send emails regarding weather-related closures. In the event of cancellation day, a make-up class will be scheduled. Thank you for your kind cooperation. 3-10-2021

[YoungVisionariesAcademy@liu.edu](mailto:YoungVisionariesAcademy@liu.edu)