

Youth Protection General Information Form

Program Name:

Program Location:

Program Start:

Program End:

Participant Name:

Date of Birth:

T-Shirt Size:

Grade in Upcoming Fall:

Participant Gender:

Parent/Legal Guardian Name:

Street Address:

City:

State:

Zip:

Email:

Cell Phone:

Home Phone:

Work Phone:

Emergency Contact #1 Name:

Relation to Participant:

Cell Phone:

Home Phone:

Work Phone:

Emergency Contact #2 Name:

Relation to Participant:

Cell Phone:

Home Phone:

Work Phone:

If your child will not be released to an authorized adult at the end of the Program (your child is driving a personal vehicle home, walking/biking home, etc.), please contact the Program Director.

Individuals authorized to pick up the Participant from the Program:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Name:

Relation:

Phone:

Will Participant have a vehicle on campus?

Note: The Youth Program's policies on personal vehicle use during the Program apply. Keys must be left with the Program Director, and a parking pass will be required. Contact the Youth Program for information on how to obtain a parking pass.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Parent/Guardian Name

Parent/Guardian Signature:

Date: