

YOUTH REGISTRATION FORM



<i>First and Last Name</i>		<i>Date of Birth</i>	<i>Age</i>
<i>Residential Address</i>		<i>City</i>	<i>Zip</i>
<i>Primary Language</i>	<i>Gender</i>	<i>Is the participant of Hispanic? Latino, or Spanish Origin?</i> Yes No	
<i>Race (circle one)</i> Black White African American Caucasian	Asian	American Indian	Pacific Islander Multi-racial
<i>Home Phone</i>	<i>Cell Phone</i>	<i>Email</i>	
<i>School Name</i>		<i>Student ID Number</i>	
<i>Grade (circle one)</i> K 1 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th			

Parent, guardian, and emergency contact information

		<i>Check all that apply</i>		
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			
<i>First & Last Name</i>	<i>Relationship</i>	<i>Caregiver</i> <input type="checkbox"/>	<i>Emergency Contact</i> <input type="checkbox"/>	<i>Authorized for Pick Up</i> <input type="checkbox"/>
<i>Email Address</i>	<i>Phone</i>			

Dismissal

By signing below, I will allow my child to walk home by themselves.

<i>Signature of responsible party</i>	<i>Relationship</i>	<i>Date</i>
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Media Release

I hereby grant permission to record my child's/ward's likeness and/or voice for use by television, films, radio or printed media to further the aims of **FGLA** in related campaigns and magazine articles, booklets, posters and in any other ways they may see fit.

<i>Signature of Responsible Party</i>	<i>Relationship</i>	<i>Date</i>
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Staff Alerts

Please list any behavioral problems, diet restrictions, medical conditions IEP's Current Insurance provider, Learning disabilities case manager contact or any other important information for our staff to know.
