

Youth Council for Positive Development Membership Application

School	Name of Youth	
Special medical problems, medications, allergies, etc. Parent or Guardian Address City State Zip Phone(s) Email On Facebook Y/N? In case of emergency, call Relation to youth Phone(s) lagree to allow my child to participate in the YCPD activities and relieve the group of any liability resulting from injury, loss of property, etc. I agree to participate in the group's fundraising activities. Date Parent or Guardian I have read the Youth Creed and agree to uphold it to the best of my ability. Date		
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