



Youth Council for Positive Development Membership Application

Name of Youth _____

School _____ DOB _____

Hobbies, Interests, etc. _____

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) _____

I agree 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 _____
Youth