



## Youth Council for Positive Development Membership Application

Name of Youth \_\_\_\_\_

School \_\_\_\_\_ DOB \_\_\_\_\_

Hobbies, Interests, etc. \_\_\_\_\_

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Special diet needs, medical problems, medications, allergies, etc. \_\_\_\_\_

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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 the use of my child's image to be used for promotions and publicity of the YCPD. 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