Youth Leadership Conference 2009

February 27 – March 1, 2009 – Snow Mountain Ranch YMCA Colorado

Print Clearly!

Name: _____ _____
First Last

Grade: **6 7 8 9 10 11 12** Birth Date ____/____/____ Gender (circle): Female Male

Mailing Address_____

City: _____ State: __ __ Zip: __ __ __ __ __

Phone Numbers: (__ __ __)__ __ __-__ __ __ __ (__ __ __)__ __ __-__ __ __ __
Home Cell

Email Address_____

LOCAL CHURCH (required): _____ GROUP LEADER (required): _____

Parent(s)/ Guardian(s) Name(s):

_____ _____ _____ _____
First Last First Last

(__ __ __)__ __ __-__ __ __ __ (__ __ __)__ __ __-__ __ __ __
Home Home

(__ __ __)__ __ __-__ __ __ __ (__ __ __)__ __ __-__ __ __ __
Work Work

(__ __ __)__ __ __-__ __ __ __ (__ __ __)__ __ __-__ __ __ __
Cell Cell

Emergency Contact
Name (required): _____ _____ Relationship: _____
First Last

Phone Number: (__ __ __)__ __ __-__ __ __ __ (__ __ __)__ __ __-__ __ __ __

Family Physician: _____ Phone Number: (__ __ __) __ __ __-__ __ __ __

Insurance Carrier: _____ Group#: _____ Policy#: _____

Date of last Tetanus Shot: _____/____

Allergies/Medical Conditions: _____

_____

_____

Please Initial
I have **read** & **agree** with Permission and Medical Authorization _____
I have **read** & **agree** with Behavior Covenant _____
I have **read** & **agree** with Contact & Photo Release _____