

New Participant Youth\$ave Application

**This application should be completed by the youth, with help from the parent.
When you are done, or for help completing the application, contact:
Peter Blanchard: 503.501.5732 pblanchard@reachcdc.org**

Youth Name _____ Date: _____

Birthday (mm/dd/yyyy) _____ Age: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Phone Numbers: (fill in all that apply)

| Home phone | Youth Cell | Parent 1 Cell | Parent 2 Cell |
|------------|------------|---------------|---------------|
| | | | |

Email Addresses: (fill in all that apply, please print clearly)

| Youth email | Parent 1 email | Parent 2 email |
|-------------|----------------|----------------|
| | | |

Reminders will be emailed to youth & parents the day before class. In addition, please:

- Call Parent(s)
 Call Youth
 No reminder calls needed

Emergency Contact (who to call if Parents are unreachable):

| Name | Relationship to Youth | Phone Number |
|------|-----------------------|--------------|
| | | |

Name of School: _____ Grade Going into: _____

Do you: Eat meat? _____ Eat dairy? _____ Have other dietary restrictions? _____
(if yes, please describe below)

Any allergies or medications that staff should know about? _____

What do you want to do when you grow up?

What are your hobbies or interests?



