

Y.E.S.

PAHOKEE YOUTH EMPOWERMENT SUMMIT - 2017

"Empowering Youth through Knowledge"

Bridging the Gap between youth and the Community

I. DEMOGRAPHIC

Youth's Last Name: _____ Youth's First Name: _____

Gender: F[] M[] Ethnicity: _____

Birth Date: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Current Address: _____

City: _____ State: _____ Zip _____

Emergency Contact Person and Number: _____

II. EDUCATION

Is the youth currently in school? Yes[] No[] If Yes, Grade _____

School: _____

III. MEDICAL CONDITIONS

All Youth Summit participants are encouraged to take their medication as prescribed on the date of the summit and to bring any necessary medication to take during the hours of the summit.

Existing medical conditions? Yes[] No[] If Yes, what are they? _____

Food Allergies? Yes[] No[] If Yes, what are they? _____

Special accommodations needed? Yes[] No[] If Yes, what is requested? _____

IV. GUARDIAN APPROVAL

The information provided to all youth attending this summit is intended to impact the community in the fields of education and health for years to come. Some age appropriate topics discussed may include abstinence, prevention of HIV and sexual related diseases, gangs, alcohol and drugs.

How did you find out about the Youth Summit? _____

Parent or Guardian signature is required for anyone under the age of 18. Your signature as parent or guardian gives your permission for the youth's attendance and use of photos for promotional purposes.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Please Return Form to Your School, After School Director or Program Leader

SEE YOU AT THE 2017 YOUTH EMPOWERMENT SUMMIT!