

**Y.E.S.**

**PAHOKEE YOUTH EMPOWERMENT SUMMIT - 2016**

(Participants will receive ten (10) Community Service Hours.)

***"Youth Connecting the Dots . . ."***

**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 2016 YOUTH EMPOWERMENT SUMMIT!**