



# Quad County Urban League

## Youth Leadership Program

<input type="checkbox"/>	Bus Pass
<input type="checkbox"/>	ID
<input type="checkbox"/>	Other _____

### Student Information:

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

School Name: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Grade (August 1, 2010): \_\_\_\_\_ School District: \_\_\_\_\_

### Family Information:

Mother Name: \_\_\_\_\_ Father Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Emergency Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

### Health History:

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check if student has any of the following and list details below:

\_\_\_ asthma \_\_\_ epilepsy \_\_\_ diabetes \_\_\_ allergies (food, drug, other)

Does student take any medications? Yes \_\_\_ No \_\_\_

Will student be taking any medication while in this program? Yes \_\_\_ No \_\_\_

If Yes, Please list with details: \_\_\_\_\_

### Parent's Authorization:

I hereby give consent for my child to participate in the Youth Leadership Program and all activities unless I advise you in writing. I give permission for the Youth Leadership Program to use any photographs of my child for promotional material. To the best of my knowledge, my child is in good health and I will notify QCUL if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless QCUL and its staff, volunteers and assigns from any liability concerning our child's involvement in the summer program and further agree that the use of all QCUL facilities is made at the risk of the registrant.

\_\_\_\_\_  
Parent/Guardian Signature Date