

Space is limited, please apply early!

Past Participant Youth\$ave Application

Please take your time and fill out both sides of this application as best as you can.

When you are done, or for help completing the application, contact:

Kelly Bosworth: 503.501.5732 kbosworth@reachcdc.org

Youth Name _____ Gender: _____ Age: _____

Birthday (mm/dd/yyyy) _____ email: _____ @ _____

School: _____ Grade (going into): _____

Parent/Guardian 1: _____ email: _____ @ _____

Parent/Guardian 2: _____ email: _____ @ _____

Mailing Address: _____ Zip: _____

Phone Numbers: (fill in all that apply)

Home phone	Youth Cell	Parent 1 Cell	Parent 2 Cell

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

- Call Home Call Parent Cell Call Youth Cell No reminder calls needed
 Text Parent Cell Text Youth Cell

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

Name	Relationship to Youth	Phone Number

Do you: Eat meat? _____ Eat dairy? _____

Have other dietary restrictions? _____
(if yes, please describe)

Any allergies or medications that staff should know about? _____

1. What is the most important thing you have learned from being in Youth\$ave in the past?

