

Space is limited, please apply early!

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:
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 below)

Any allergies, medications or special needs that staff should know about? _____

What do you want to do when you grow up?

What are your hobbies or interests?

Do you volunteer? What have you done?

