

Youth Participant Application

1	Name			
2	Address		City, State, Zip	
3	Phone Number Home, cell, work, other		Alternate Number Home, cell, work, other	
4	Email			
5	Do you text? (Circle one)	Yes No	6	Date of Birth (Month/Day/Year)
7	Gender:		8	Ethnicity (optional):
9	Are you currently enrolled in school, college or a vocational program? (Circle one)		Yes No	
	If yes, what year are you in?			
	Name of School, college or vocational program:			
10	Which communities or populations of youth do you feel you represent? Please circle all that apply.			
	Low-income	Immigrant	Other (please describe):	
	LGBTQ	Religious Group		
	Youth of Color	ASB/Honors Club		
	Musician/Artist	Athlete		
11	Please tell us why you are interested in this opportunity.			
12	How many hours per week do you have available to participate in Building Healthy Communities related activities? Please circle one of the options below:			
	0 hours	1-2 hours	3-5 hours	5 hours or more

DUE DATE: **Turn in Application at:**

If you have questions please contact Cyrillia Thacker at 559-255-330 x. 227 or Cthacker@yli.org



YOUTH LEADERSHIP INSTITUTE

LIABILITY, MEDIA, AND MEDICAL RELEASE FORM
Building Healthy Communities and Youth Leadership Institute

I hereby give approval for _____ (Youth Name) to participate in all activities associated with the BUILDING HEALTHY COMMUNITIES and Youth Leadership Institute. I assume all risks and hazards related to participation in the program, including transportation.

I also give the Building Healthy Communities staff and The Youth Leadership Institute the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or written material, photographs, and audiovisual recordings about or by my child for instruction, art advertising, program website, publications or brochures, or any other lawful purpose. I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof.

In the event, my son or daughter, a minor, becomes ill or sustains an injury while in the care or under the supervision of the Building Healthy Communities staff, Youth Leadership Institute or any of their staff, program instructors, I give my permission to administer first aid to my child. If I, (the parent, the legal guardian), cannot be contacted immediately in the event of an emergency, I authorize Building Healthy Communities Staff, The Youth Leadership Institute or any of their staff or program instructors to consent to emergency hospital care for my child. Should any illness or accident occur to him or her, I will not hold liable the representatives of the Building Healthy Communities, Youth Leadership Institute or any of its staff or program instructors. I assume full responsibility for all related medical costs.

Student's Full Name: _____ Date of Birth: _____

Student's Address: _____

City/Country/Zip: _____

Parent or Legal Guardian's Name: _____

Phone Number: Day _____ Eve _____ Cell _____

Health Insurance Company (if applicable): _____ Policy #: _____

Any special health concerns, allergies to medication etc.? Food restrictions?

In case of an emergency if I cannot be reached, please notify:

Name: _____

Relationship: _____

Phone Number: Day _____ Eve _____ Cell _____

Signature of Parent or Guardian and Date

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