



Drug Education For Youth

Coordinator Use Only

Date Received: _____

Application Number: _____

Youth Application

Please type of print legibly-To be completed by parent or guardian.

Youth's Name: _____ Age _____ SEX _____ DOB: ___/___/___

Youth's Address: _____ zip code: _____

Youth's e-mail address: _____

Youth's School: _____ Grade: _____

Youth's shirt size (**please circle one**): Youth: S M L XL Adult: S M L XL

Parent or guardian Name: _____ **Relationship:** _____

Parent or guardian's Address: _____ zip Code: _____

Home telephone: _____ Work telephone: _____ Cell _____

E-mail Address: _____

Emergency Contact Name: _____ **Relationship:** _____

Address: _____ zip code: _____

Home telephone: _____ Work telephone: _____ Cell: _____

E-mail Address: _____

Previous DEFY Attendance Yes _____ NO _____ Where _____

Do you need transportation assistance? Yes _____ NO _____

(Transportation assistance is not guaranteed)

By my signature, I agree to make the youth applicant available for the Phase I Summer Leadership Camp and the Phase II School-Year Mentoring Component. I also agree to participate in any and all program measures for effectiveness studies, surveys, and questionnaires to further improve the quality of the DEFY Program. I further understand additional forms must be completed to complete the enrollment process.

Parent/guardian Signature

Date