## **Youth Protection General Information Form**

Program Location:			
•			
Program Start:	Program End:		
Participant Name:			
Date of Birth:	T-Shirt Size:	Grade in Upcoming Fall:	
Participant Gender:			
Parent/Legal Guardian N	ame:		
Street Address:			
City:	State:	Zip: Email:	
Cell Phone:	Home Phone:	Work Phone:	
Emergency Contact #1 Na	ame:		
Relation to Participant:			
Cell Phone:	Home Phone:	Work Phone:	
Emergency Contact #2 Na	ame:		
Relation to Participant:			
Cell Phone:	Home Phone:	Work Phone:	
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		ed adult at the end of the Progra nome, etc.), please contact the	
personal vehic		nome, etc.), please contact the	
personal vehic	le home, walking/biking h	nome, etc.), please contact the	
personal vehic ndividuals authorized to ր	le home, walking/biking h	nome, etc.), please contact the many the Program:	Program Director.
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