

Youth Innovative Incubator Program (YIIP) Mentoring/Leadership Program

REGISTRATION FORM
www.worldyouthfoundation.org

Participant Contact Information

Name: _____

Address: _____ City/State _____ Zip Code _____

Phone Number: _____ E-mail Address: _____

Participant Demographic Information

Age: _____ Gender: (circle one) male/ female _____

School: _____ Grade: _____

Sibling Information

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Name: _____ Age: _____ DOB: _____

Parent/Guardian Contact Information

Name: _____ Relationship to Participant: _____

Address: _____

Street _____ City/State _____ Zip Code _____

Phone Number: _____ E-mail Address: _____

Grandparent Name: _____ Grandparent Phone: _____

CONSENT TO PHOTOGRAPHS/VIDEOS/YOUTUBE RELEASE & EMERGENCY MEDICAL CARE

I authorize World Youth Foundation, Inc., to use any appropriate photographs, videos, YouTube while my child is participating in the 2014-2015 session. Those items are approved to promote and share the story of the program. For emergency care, contact the individual listed below, facility and/or doctor. Further consent to the provision of medical care by the facility listed below and/or doctor, if such is necessary in a medical emergency or to prevent death.

Name _____ Relationship _____ Address _____

Work# _____ Home # _____ Pager/Cellular # _____

Medical facility to provide medical care in case of an emergency:

Hospital: _____ Physician/Number: _____

Parent Printed Name: _____ Parent Signature _____

Staff Signature _____ Date _____