PALM BEACH COUNTY YOUTH SUMMIT 4TH ANNUAL - 2014

"Stand Tall for Your Future"

I. DEMOGRAPHIC							
Youth's Last Name	Youth's First N	h's First Name		Gender		Ethnicity	
Birth Date	Home Phone	Phone Cell Phone		Email		ı	
Current Address		City			State		Zip
Emergency Contact Person	and Number						
II. EDUCATION				_			
Is the youth currently in so	hool? (Y/N)	Yes, what gra	de	what school	?		
III. MEDICAL CONDIT	IONS						
All Youth Summit particip necessary medication to t			·	orescribed on tl	ne date o	f the sum	mit and to bring any
Existing medical condition	s? (Y/N) If Y, wh	at are they?					
Food Allergies? (Y/N)	If Y, what are they?						
Special accommodations r	eeded? Y/N If Y	, what is requ	ested?				
All participants are encou the Summit. Anyone not a It will be the responsibilit must be arranged to have Registration starts at 8am	adhering to the dress co y of the youth's guardia all youth picked up at	ode will be as an to ensure t	ked to leave.	ansported to an	d from th	ie event.	Transportation
V. GUARDIAN APPRO	VAL						
The information provided health for years to come. alcohol and drugs.	-			-	_		
How did you find out abo	ut the Youth Summit?						
Parent or Guardian email you agree that a parent o		_		_			
Parent/Guardian email:			Parent/G	uardian signatu	ire:		
Urban League fax 561 296 561 833-1461 X3023	-9727						
SEE YOU AT THE 2014 YOU	JTH SUMMIT!						