# **Summer Youth Leadership Program**

**Program Registration Form**

**Program Contact**: Joe Roberts

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**Please complete one form for each student to be registered**

**Name of Student**:

Gender:

Date of Birth:

Food Allergies/Other Allergies:

Physician/Clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional medical information?

**Parent/Guardian name**:

Relationship to student:

Address:

Home phone:

Work phone:

Cell phone:

Email:

**Secondary parent/guardian name**:

Relationship to student:

Address:

Home phone:

Cell phone:

Work phone:

Email:

**Emergency Contact Information** (if parent cannot be reached):

Name:

Home phone:

Work phone:

Cell phone:

**Who has permission to pick up the child** (please list all contacts)?

**Does the child have permission to walk home? Yes** **No**

 