



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 \_\_\_\_\_ 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:** \_\_\_\_\_

Parent or guardian Address: \_\_\_\_\_ zip code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Address: \_\_\_\_\_ zip code: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Previous DEFY Attendance Yes \_\_\_\_\_ NO \_\_\_\_\_ Where \_\_\_\_\_

Do you need transportation assistance? Yes \_\_\_\_\_ NO \_\_\_\_\_

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