

JUNE 19th - JULY 23rd
2023



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REGISTRATION FORM

This document must be completed by a legal guardian.

GUARDIAN'S NAME: _____ DATE _____

CONTACT #: _____ EMAIL: _____

FULL ADDRESS: _____

CHILD'S NAME: _____ M ___ F ___ AGE: ___ GRADE: ___

ALLERGIES: _____

DIETARY RESTRICTIONS: _____

CHILD'S NAME: _____ M ___ F ___ AGE: ___ GRADE: ___

ALLERGIES: _____

DIETARY RESTRICTIONS: _____

CHILD'S NAME: _____ M ___ F ___ AGE: ___ GRADE: ___

ALLERGIES: _____

DIETARY RESTRICTIONS: _____

SPECIAL NEEDS OR DISABILITY: _____

EMERGENCY CONTACT: _____ PHONE: _____

ALT. EMERGENCY CONTACT: _____ PHONE: _____

I authorize my child listed above to fully participate in the Youth Empowerment Village program. I commit to supporting my child in everything he or she learns to help ensure total success in their professional and personal development. I permit Youth Empowerment Village to conduct all classes and give my child instructions on all topics listed in program.

I authorize YEV to record and take photos and shoot videos of my child along with other students during class. These photos and videos are for the sole purpose of posting and marketing on our website and business social media pages. **CHECK BOX- REQUIRED!**

Signature: _____ Date: _____

EMAIL COMPLETED FORM TO: YEVILLAGE@ATT.NET