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 Phone: 906-482-9077
 Email: teenoutreachprogram@dialhelp.org
 Website: www.uptopclubs.com

Dial Help's Teen Outreach Program® (TOP®) 2022-23 Member Registration Form

Please complete the following information (please print or type) and return this form to the child's TOP Facilitator.

Child's Name: _____ **Gender:** _____

Child's Date of Birth: _____ **Age:** _____ **Grade:** _____

Child's School: _____

Name of Parent(s)/Guardian(s): _____

Mailing Address: _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

Note: If any of the above information changes, please email teenoutreachprogram@dialhelp.org.

Emergency Contact Information

Please list two emergency contacts other than the parent(s)/guardian(s) listed above.

Name	Relationship	Home Phone #	Work Phone #
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Name	Relationship	Home Phone #	Work Phone #
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Medical Conditions/Allergies

Please list any of your child's medical conditions/allergies that a TOP Facilitator should be aware of.
