

RRTZ Youth Registration

Date: _____ Name: _____

Address: _____ Primary Phone: _____

Secondary Phone: _____

City _____ State _____ Zip _____

Email: _____ Gender: Male Female Trans Other: _____

Date of Birth: _____ School/Grade: _____

Emergency Contact: _____

Name Relationship Phone

Primary Care Physician: _____

Name Practicing Office Phone

Ethnicity (Circle one)	Hispanic or Latino Non-Hispanic or Latino
Race (Circle one or more)	American Indian or Alaskan Native Asian Black/African American Hispanic or Latino Native Hawaiian or Pacific Islander White/Caucasian
Marital Status (Circle one)	Single Married Divorced Family Size/Children: _____ (# in household/dependents)
Citizenship	US Citizen Legal Resident Alien Other: _____
Registered Voter	Yes No Valid State ID: Yes No Valid Driver's License: Yes No
Family Type (Circle one)	Single Parent/Female Single Parent/Male Two-Parent Household Single Person Two Adults/No Children Other: _____
Employment Status (Circle one)	Unemployed Full-Time Part-Time Other: _____

Are you a youth with a disability? **Yes** **No** Type of Disability: _____

Accommodations Needed: _____

Do you have access to health services? **Yes** **No**

Who do you live with? _____ Is your housing meeting your needs? **Yes** **No**

Parent/Guardian Information

Name(s): _____

Address: _____ Primary Phone: _____

_____ Secondary Phone: _____

City _____ State _____ Zip _____

Email: _____

Level of Education (Circle one)	(Parent 1) Some High School Diploma GED Some College Degree Trade School (Parent 2) Some High School Diploma GED Some College Degree Trade School
Annual Household Income (Circle one)	\$10,200 or less \$10,201 to \$20,820 \$20,821 to \$50,200 \$50,201 or more Source(s) of Income: _____
Housing Status (Circle one)	Homeless/Living in Shelter Living with Friends/Family Renter Homeowner

Does your youth benefit from any of the following services? (Circle one or more)

DHHS CMH MRS MIWorks! AAA HDC Community Action

How did you hear about River Rec Teen Zone? _____

Would you be interested in applying to be a volunteer for RRTZ youth programs? **Yes No**

Would you be interested in serving on the adult advisory board for RRTZ? **Yes No**

Area of employment expertise: _____

*I, _____, acknowledge that the above information is true and
(Youth Name)
complete to the best of my knowledge.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

RRTZ Staff Signature: _____ Date: _____