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Youth Forum Application	1 2.54

Youth Information and forms needed:

Youth Information	Special Olympics	
Directions: Sections A-D must be co All forms must be turned in to Specia		ardian. .st deadline. Youth Forum
Section A: Youth Information	on	
Youth Name:		Nickname:
Address/City/State/Zip		T-shirt size (circle Youth: S M L Adult: S M L XL
Home Phone:	Youth Cell Phone:	Birth Date: Ger
Agency/School Name:	Yout	h E-mail:
Day/Work Phone: E-mail Address:	Cell Phone:	Evening/Home Phone
E-mail Address:		
Parent/Guardian Employer:		
Job Title:		
Section C: Emergency Cont	act Information	
In Case of Emergency Notify (I	list name here)	Relationship to Chi
Day/Work Phone:	Cell Phone:	Evening/Home Pho
City/State/Zip:	E-m	ail:
4000 De	Kalb Technology Parkway, Ste	. 400, Bldg.
	400 Atlanta, GA 30340	
	Robert Yost 770-414-9390 Ext. 104	
Project UNIFY	a	Georgia

Section B: Parent/Guardian Information

Name of Parent/Guardian with whom the Youth lives:		Relationship to Youth:
Day/Work Phone:	Cell Phone:	Evening/Home Phone:
E-mail Address:		
Parent/Guardian Employer:		
Job Title:		

Section C: Emergency Contact Information

In Case of Emergency Notify (list name here)		Relationship to Child:
Day/Work Phone:	Cell Phone:	Evening/Home Phone:
City/State/Zip:	E-mail:	

Georgia

Section D: Other Information

Youth Leaders Educating others About Disab es

Youth Name:

YOUTH: On a separate piece of paper and in 200 words or less please explain ny you would like to attend the Youth Forum as a youth participant. Youth to complete by th selves. If you are a returning YLEAD you do not have to complete this question!

Teacher/Community Leader: On a separate piece of paper and in 200 wor or less please explain why you recommend that the Youth listed above be selected attend the Youth Forum as a youth participant. This recommendation must come from a acher or Community Leader and include their (Teachers) e-mail address and phone n ber. If you are a returning YLEAD you do not have to complete this question!

PARENT: How will your youth be transported to and from Emory and what is driver's name and cell phone number?

PARENT: List any physical or activity limitations (e.g., vision or hearing loss, swimming, etc.):

c. that should **PARENT:** Does your youth have any dietary restrictions/allergies/medications be noted?

PARENT: Please indicate any further information about your Youth's medical, ysical, or emotional needs that you feel we should know:

RETURNING YLEAD: Please indicate any Project Unify components & statistic hat you implemented in your school this past year:

Parent/Guardian	Signature:
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Date:

If all information is not received by the March 31st deadline that Youth will g on a waiting list. All applicants will be informed by April 15th if they have been select to attend the Youth Forum.



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