| *********************** | ****************** |
|-------------------------|--------------------|
| 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: |
|-----------------|------------|
|-----------------|------------|

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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