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Section	A:	YOUTH	intor	marion

Youth Inf	ormation and	forms needed:		spec	<b>ial Olympi</b> o Georg	gia S	
Youth Application, Medical Formary and Volunteer/Unified P	artner Profile Forn	n. The Forum will			nspi outh Fo	<b>®</b>	
Directions: Sections A-D r	nust be complete	ed and signed by a	a parent/guardiar	. γ	outh Fo	rııM	
All forms must be turned in	to Special Olym	pics Georgia by th	ne March 31st dea	idline.	oum ro	LUID	
Section A: Youth Intervent Youth Name:	ormation				Nickname:		
Toutii Name.					Mickilanie.		
Address/City/State/Zip	ddress/City/State/Zip				T-shirt size Youth: S M Adult: S M	L	
Home Phone:	Yo	uth Cell Phone:		Bi	rth Date:	Gender:	
Agency/School Name:			Youth E-r	nail:			
Job Title: Section C: Emergen	ov Contact I	oformation					
In Case of Emergency	<u> </u>				Relationship	to Child:	
Day/Work Phone:		Cell Phone	:		Evening/Hom	ne Phone:	
City/State/Zip:			E-mail:				
		Fechnology Parl 400 Atlanta, G Robert Yo Ext. 104 www.	A 30340				

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

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**Teacher/Community Leader:** On a separate piece of paper and in 200 words or less please explain why you recommend that the Youth listed above be selected to attend the Youth Forum as a youth participant. This recommendation must come from a Teacher or Community Leader and include their (Teachers) e-mail address and phone number. **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 the driver's name and cell phone number?

**PARENT:** List any physical or activity limitations (e.g., vision or hearing loss, no swimming, etc.):

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

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

**RETURNING YLEAD:** Please indicate any Project Unify components & statistics that 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 go on a waiting list. All applicants will be informed by April 14th if they have been selected to attend the Youth Forum.



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