

Surry County Office on Youth Program Participant's Form

*This form must be completed by a Parent or Guardian before youth are allowed to participate in programs.
(You may fax this form to 757-294-3079 or mail it to the Surry County Office on Youth, 203 Church Street, Surry, VA 23883)*

Date Completed: _____

Program Name: Check all of the programs in which your child will be participating in this year.

____ Youth Council ____ Mentoring ____ Other: Specify, _____

Youth Information:

Full Name _____ Date of Birth: _____

Address _____

Home Phone _____

City/State _____ Grade _____

Is this youth currently or planning to participate in other extra curriculum activities in the next 12 months? ____ Yes ____ No ____ Unsure

Medical Information:

My child is allergic to the following food, drinks, and etc: _____

My child has the following medical conditions: _____

Physical restrictions include: _____

In case of emergencies, please contact:

Parents or Guardians

Mother's Name _____ Father's Name _____

Address _____ Address _____

City/State _____ City/State _____

Home Phone# _____ Home Phone# _____

Work or Cell Phone # _____ Work or Cell Phone# _____

Other: (Relative or Family Friend if parent is unavailable)

Name _____

Address _____ City/State _____

Home Phone# _____ Work or Cell Phone# _____

Family Physician

Doctor's Name _____ Phone Number# _____

***Medication cannot be given to youth participants of the Office on Youth.** In case of an emergency, the Office on Youth will work to secure the best possible treatment and care for your child. Your signature authorizes the Office on Youth to seek medical attention on your behalf in your absence.

Signature of Parent Guardian _____ **Date** _____

This is to acknowledge that you are aware of your child's _____,
Participation in programs provided by the Surry County Office on Youth and assume responsibility for your child to participate and to be photographed for publicity purposes.

Signature of Parent/Guardian _____ **Date** _____

Parent Involvement

____ Yes, I am interested in assisting the Office on Youth with meetings, special programs and /or activities.

____ No, I am not interested in assisting the Office on Youth with meetings, special programs and/or activities.