



My Interests

Name: _____

Date: _____

Place an X by the following areas that interest you.

- | | |
|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Ice Skating |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Mechanics |
| <input type="checkbox"/> Art | <input type="checkbox"/> Motorcycles |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Museums |
| <input type="checkbox"/> Ball Sports | <input type="checkbox"/> Music |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Board Games | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rocketry |
| <input type="checkbox"/> Building/Carpentry | <input type="checkbox"/> Roller Blading |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Scouting |
| <input type="checkbox"/> Ceramics/Pottery | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Cooking/Baking | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Environmental Events | <input type="checkbox"/> Snowmobile |
| <input type="checkbox"/> Exercising | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Film/Video | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Tae-Kwon-Do |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Target Practice |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Theatre/Drama |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Writing/Journaling |
| <input type="checkbox"/> Hunting | <input type="checkbox"/> Yoga |

Please list any additional skills or areas of interest you may have.

Activity Permission

Participant's Name: _____

Address: _____

Phone: _____ Date of Birth: _____

If applicant is under 18 years of age

Parent/Guardian Names: _____

Emergency Contact Phone Numbers: Home _____ Work _____

Medical Information

General Health: ___ excellent ___ fair ___ good ___ poor

Health Problems: _____

Physical Limitations or Allergies _____

Medication (s) being used: _____

Name and Policy Number of Health Insurance Company: _____

Emergency Contact or an Alternate Emergency Contact if Parents have been listed above:

Person to contact in an emergency _____ Phone _____ work _____

Family Doctor _____ Phone _____

Doctor's Address _____

I consent to allow the staff of YouthZone to assist me or my child _____ in obtaining any medical care or attention needed in the event of an injury while participating in any YouthZone activity. In the event medical care is required, I agree to pay all physician, hospital, emergency room and other related charges and agree that YouthZone will not be held responsible for any charges. I also understand YouthZone will make every effort possible to contact me should an emergency arise involving my child or make every effort possible to reach my emergency contact should an emergency arise involving me.

Signature

Date

Parental Signature

Date

(If applicant is under 18 years of age)

Photo Release

I agree to allow my child to participate in recruiting and/or public relations done by YouthZone in the following areas: ___ radio ___ television ___ website ___ presentation boards ___ photographs

Signature

Date

Parental Signature

Date

(If applicant is under 18 years of age)

Release of Liability

I, the undersigned, being the participant or the natural parent or legal guardian of the youth listed above, hereby release the Board of Directors of YouthZone, the staff of YouthZone, YouthZone volunteers, and all other persons and entities from any claim of injuries which may result or occur while I or my child is participating in any program or activity sponsored by YouthZone.

Signature

Date

Parental Signature

Date

(If applicant is under 18 years of age)