



CEP Youth Leadership Intake Form

For office use only:
<input type="checkbox"/> Paid Registration FEE \$ _____
<input type="checkbox"/> Paid Program FEE \$ _____
<input type="checkbox"/> Paid CS FEE\$ _____

Student Information

First Name _____ Last Name _____

Address _____ Apt# _____ City _____

Zip _____ Township Lyons Proviso Other _____

Phone # _____ Cell # _____ Text Yes No

Email _____

Name of School _____ Grade _____

Date of Birth ____/____/____ Gender Male Female T-Shirt Size S M L XL XXL

The following is used for statistical purposes only.

Race/Ethnicity

- African American Caucasian Native American Hispanic Asian/Pacific Islander
- Bi-Racial Other _____

Household income (the United Way requests that we collect Household Income information for statistical purposes only)

- Less than \$7,500 \$7,500-\$14,999 \$15,000-\$24,999 \$25,000-\$34,999
- \$35,000-\$49,999 \$50,000-\$74,999 greater than \$75,000

Parent/Guardian Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Emergency Contact Information check only if the same as above

Name _____ Phone _____ Relationship _____

Please initial and sign in order for your child to have permission to participate in a CEPYL Program

Authorization of Transportation as Part of CEP Youth Leadership Programs

Please Initial I authorize CEP Youth Leadership, Inc. to provide transportation for my child as part of the program.

Media Permission

Please Initial I give permission for my child to be photographed, televised or interviewed to increase public awareness of CEPYL and its programs.

Website Permission

Please Initial I authorize my child's name and/or photograph to be placed our websites www.CEP4Youth.org or www.YouthVolunteers.org

Program Permission

Please Initial In the event that I cannot be reached in an emergency, I give permission for staff/volunteers to take my child to a physician or to be hospitalized, secure proper treatment for and to order injections, anesthesia or surgery for my child. I hereby release and forever discharge the staff, board, and volunteers at CEPYL, acting officially or otherwise, from any and all claims, demands, actions, or causes of actions on account of any injury or damage which my child may sustain from any cause as a result of participating in the conference, program, or in the course of transportation.

Signature of Parent/Guardian

Date