



**YAC Contact Form 2018-2019**

*Please print clearly.*

**MEMBER INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: S M L XL XXL  
Home Address: \_\_\_\_\_  
Cell Phone (providing number indicates your approval for us to call/text): \_\_\_\_\_  
Home Phone: \_\_\_\_\_ E-Mail (Print Clearly): \_\_\_\_\_  
Youth lives with (circle one): Father Mother Both Guardian Other \_\_\_\_\_  
Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father: \_\_\_\_\_ Phone: \_\_\_\_\_  
Other: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you have any safety concerns? If yes, please explain: \_\_\_\_\_

**EMERGENCY INFORMATION**

Health Issues (circle all that apply): None Asthma Diabetes Epilepsy Other \_\_\_\_\_  
Allergies (circle all that apply): None Bee Stings Foods \_\_\_\_\_ Other \_\_\_\_\_  
Restrictions: \_\_\_\_\_ Medications Taken: \_\_\_\_\_  
Emergency Contacts: List 3 people that we may contact and release your student to if necessary.  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE**

I hereby give permission for my son/daughter to participate in YAC activities throughout the year. In case of an emergency, I authorize the Foundation to seek necessary medical care if none of the individuals listed above can be reached. I also hereby give permission for photos and likenesses of my son/daughter engaged in YAC activities to be used by the Foundation and its assignees for perpetuity.

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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