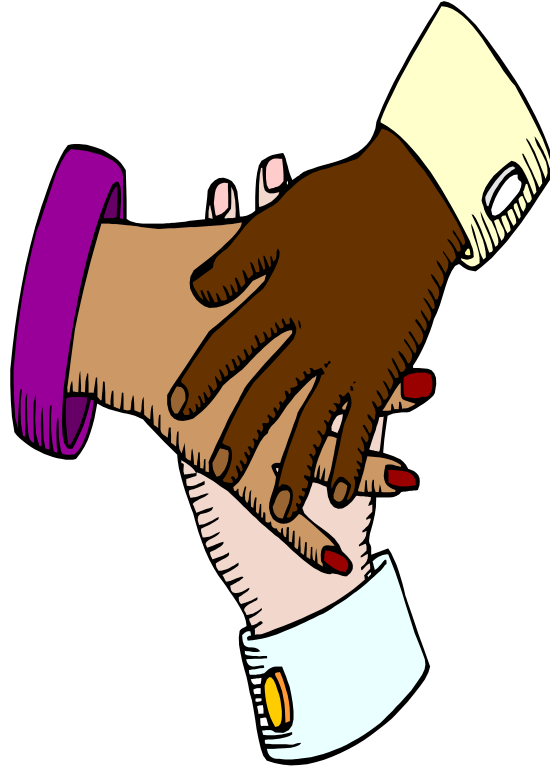


Life Opportunities, Inc.



TEAM YOUTH INITIATIVE

PARTICIPANT APPLICATION

The Team Youth Initiative is co-sponsored by the following:

PEMBERTON TOWNSHIP RECREATION DEPARTMENT

PLEASE PRINT

Youth Participant Name _____

Address _____

City _____ State _____ Zip Code _____

Phone #: _____ Cell #: _____ Email Address _____

Parent/Guardian to contact in case of an emergency: _____

Emergency Phone #: _____

Second emergency contact _____

Second emergency Phone #: _____

PARENTAL SECTION

Your consent for participation is necessary before final approval of your child's application is complete. Please read the statements below, complete the applicant information and sign this document to confirm you are agreement and will comply with all the conditions set forth in this section.

I (parent/guardian name) _____, hereby give permission for my child (name of participant), _____ to take part in the Team Youth Initiative. **I understand and acknowledge that my child will be asked to complete a survey regarding his/her attitudes, experience and knowledge of topics including but not limited to substance abuse, bullying, sexual activity and other personal topics. I further understand that the program involves discussions between the youth participants and the facilitators on these and other related personal subjects. By signing this consent I agree to allow my child to participate fully in the survey and discussions. I understand that my child's responses to the survey and comments in the program sessions will be kept confidential and that my child's responses to the survey will not be shown to me. I understand that my child will be allowed to respond to the survey anonymously, and that the purpose of the survey is to provide an assessment and starting point for discussions by the facilitators with the youth participants. I further understand that in order to foster an open discussion amongst the participants that the facilitators will not be informing me of comments that my child may make regarding his or her own experiences and problems on the related topics.**

In case of medical emergency, I hereby also my give permission to the physician selected by the person/persons in charge, based upon his medical opinion, to hospitalize, secure proper treatment for, and/or to order injection, anesthesia or surgery for the my child named on this form, provided that a reasonable effort to notify me as soon as possible of the medical emergency, and the steps being taken. I certify that my child is in good physical condition and is able to participate in the entire program.

Date: _____ Applicants Signature (if at least 18 yrs. Old): _____

Date: _____ Parent or Guardian Signature (if under 18): _____

YOUTH PARTICIPANT INFORMATION:

1. Name: _____

Sex _____ Date of Birth ____/____/____ Height _____ Weight _____

2. Is your child covered by any health/accident insurance? ___no ___yes If yes, name, and address of company: _____

MEDICAL INFORMATION:

PLEASE NOTE: In the interest of trying to provide a successful experience for all participants we ask that you take the time to answer the following questions. This information will be kept completely confidential by Life Opportunities, Inc. and only shared with your permission. We are doing this because we care about your child's wellbeing.

3. Does your child have any limiting physical or health disabilities (temporary or permanent)? ___No ___Yes

If yes, identify and explain: _____

4. Is your child currently taking medication (prescribed or otherwise, e.g. cold medicine)? ___No ___Yes

If yes, what are you taking, and what condition is it for: _____

5. Does your child have any allergies, reactions to medications, or any other medical limitations? ___No ___Yes

If yes, identify and explain _____

6. Are there any other conditions, problems or concerns that would present limitations that we should be aware of before implementing a program for your child? ___No ___Yes

If yes, identify and explain _____