# Youth Program Enrollment Form

*This form is used to enroll children or teenagers in official public-sector youth development programs, camps, or extracurricular initiatives. Please fill in all necessary information to ensure accurate registration and proper care of enrolled participants.*

## Participant Information

**First Name:** {firstName}

**Last Name:** {lastName}

**Date of Birth:** {dateOfBirth}

**Age:** {age}

**Gender:** {gender}

## Parent/Guardian Information

**Full Name:** {guardianName}

**Relationship to Participant:** {relationship}

**Phone Number:** {guardianPhone}

**Email Address:** {guardianEmail}

**Home Address:** {guardianAddress}

## Emergency Contact

**Full Name:** {emergencyContactName}

**Relationship:** {emergencyContactRelationship}

**Phone Number:** {emergencyContactPhone}

## Medical Information

**Known Allergies:** {allergies}

**Medications:** {medications}

**Special Needs or Conditions:** {specialNeeds}

{#hasInsurance}

## Health Insurance Details

**Insurance Provider:** {insuranceProvider}

**Policy Number:** {policyNumber}

{/hasInsurance}

{^hasInsurance}

Notice: The participant does **not** have health insurance coverage on file at this time.

{/hasInsurance}

## Program Details

**Program Name:** {programName}

**Program Location:** {programLocation}

**Start Date:** {startDate}

**End Date:** {endDate}

## Authorized Pickup Persons

{#pickupPersons}

* **{name}:** Relationship: {relationship}, Phone: {phone}

{/pickupPersons}

## Previous Participation History

{#previousPrograms}

* {programName} - Attended in {year}

{/previousPrograms}

## Permissions and Agreements

 I give permission for my child to participate in the selected youth program.

 I authorize emergency medical treatment for my child if needed.

 I allow the use of photographs of my child for promotional and documentation purposes.

## Signature

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** {signatureDate}