



**Rites of Passage & Empowerment Program  
Youth Alive Step, Dance & Band**

**APPLICATION**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent(s) or Guardians: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interest:  Reading  Sports  Arts  Other

Allergies (including food allergies): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illnesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Information we should know about your child:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_