

MONTGOMERY COUNTY YOUTH PARTICIPATION FORM

Youth's Name _____ Home Ph. _____
(Last) (First) (M)
Address _____ City _____ Zip Code _____
Age _____ Grade _____ School _____ Mother's Name _____
Home Ph. _____ Work Ph. _____
(Last) (First) (M)
Father's Name _____ Home Ph. _____ Work Ph. _____
(Last) (First) (M)
Guardian (if different from above) _____ Home Ph. _____ Work Ph. _____
Youth Lives with: _____ Mother _____ Father _____ Guardian _____
Emergency contact person(s):
Name Address Day Ph. Evening Ph.

Person(s) authorized to pick up child:
Name Address Day Ph. Evening Ph.

Father's Signature _____ Date _____ Mother's Signature _____ Date _____
Legal Guardian's Signature _____ Date _____

NO ONE WILL BE ABLE TO PARTICIPATE IN ANY COUNTY-AUTHORIZED ACTIVITY OR RIDE IN ANY COUNTY VEHICLE UNLESS THIS YOUTH PARTICIPATION FORM IS SIGNED AND RETURNED TO THE COUNTY, ALONG WITH A COMPLETED AND SIGNED AUTHORIZATION AND RELEASE OF LIABILITY FORM AND PROOF OF MEDICAL INSURANCE FOR THE PARTICIPANT IN THE AFORESAID ACTIVITY TO THE EXTENT APPLICABLE.