

Youth Empwerment Programme

"seeing in junior youth instead altruism, an acute sense of justice, eagerness to learn about the universe and a desire to contribute to the construction of a better world."

REGISTRATION FORM:

First name			Last name		
Birthdate (DD-MM-YY)	Age	Gender	School		
Street address, city, postal code					
Phone number		Email			
Health card number:		Emergency contact – name and phone number			
<p>As the Parent/Guardian of _____ I give permission for him/her to attend the Junior Youth Group at _____.</p> <p>I grant the Junior Youth Empowerment Program the right to take photographs of my child for any lawful purpose such as publicity, illustration, advertising and web content. Yes____ No ____</p> <p>Name of Parent/Guardian: _____</p> <p>Signature: _____</p> <p>Date: _____</p>					