

Fort Bragg Teen Leadership Corps
Participants Application

DATA REQUIRED BY THE PRIVACY ACT OF 1974, AUTHORITY: 5 USC301, 10 USC3013

PRINCIPAL PURPOSE: Identification of participants in the Teen Leadership Corps

ROUTINE USES: Used to record the names and addresses of attendees at the Teen Leadership Corps summer program. Used to contact participants and to establish a directory of Teen Leadership Corps attendees.

DISCLOSURE: Disclosure is voluntary. If the requested information is not provided, registration for the program and inclusion in the program directory may not be possible.

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

Check all that apply:

Your Military Affiliation:

a. Are you a:

____ Youth of a Military ____ Youth of a DA Civilian

b. Is your sponsor:

____ Active Duty ____ Reserve ____ National Guard ____ Retired

Have you participated in a leadership program before? _____ Yes _____ No

If you answered yes, please name the program you participated in and year of participation:

What school do you attend? _____ Grade: _____

Please list any allergies (food, medicine, insect, etc) and medical concerns: _____

Parent's Acknowledgement:

Youth will have to be in attendance at all sessions to participate in the program. There is no fee for this program and transportation to and from the program location is solely the responsibility of the parent. I understand that photos will be taken during the program sessions and are likely to be released to the media

I give consent to my child being photographed.

I do not consent to my child being photographed.

I have read, understood and agree to this application:

Parent's Signature

Date

Student's Signature

Date

In case of emergency please contact:

Name (please print)

Phone Number

Application must be turned in by April 16, 2010.