



Application for YOUTH TAKING AUTHORITY (YTA) PEOPLE OF PURPOSE COMMUNITY DEVELOPMENT CORPORATION

Please complete this form for the organization for the current year. Youth Taking Authority Program requires all individuals to register for participation in the Organization annually. The registration fee must be paid at time of enrollment to secure spot or prior to the first day of the program.

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

PLEASE LIST NAME OF CHILD OR ALL CHILDREN THAT WILL BE ENROLLED IN THE PROGRAM.

NAME: _____ RELATION: _____

PREFERRED NAME: _____ DOB: _____ AGE: _____

NAME: _____ RELATION: _____

PREFERRED NAME: _____ DOB: _____ AGE: _____

NAME: _____ RELATION: _____

PREFERRED NAME: _____ DOB: _____ AGE: _____

NAME: _____ RELATION: _____

PREFERRED NAME: _____ DOB: _____ AGE: _____

EMERGENCY CONTACTS

NAME: _____ RELATION: _____

CELL: _____ OTHER: _____

NAME: _____ RELATION: _____

CELL: _____ OTHER: _____

I certify all individuals will comply with all Organizational requirements such as boundary requirements, playing by the rules, team participation, etc. as outlined in the current edition of the YTA Rules and Regulations Handbook. All staff and volunteers has received a background check, the organization has insurance and has meet all legal requirements accordingly. In addition, our Organization understands the guidelines for establishing a child abuse/molestation risk management program. The Organization's staff and volunteers is solely responsible for adopting and implementing the program accordingly and providing the best quality care for all children. Therefore, as a condition to maintaining its rights, our Organization hereby indemnifies and holds harmless YTA, its officers, directors, and administrative employees, volunteers, and interns (collectively "releases"), for any legal action, including any allegations of negligence on the part of any or all of the releases, arising from any individual, teams, leagues, tournaments, camps/clinics, or other activities of our Organization.

Date _____

Signature _____