

Thrive Youth Collective Program Registration Form



PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Gender: [] Male [] Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____

Email: _____

Emergency Contact: _____

Relationship to Student: _____

Emergency Contact Number: _____

SCHOOL INFORMATION:

Current School: _____ Grade: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

PROGRAM PREFERENCES:

What are you primary goals for joining the program? _____

Do you have any specific areas where you need extra support or guidance? _____

MEDIA CONTENT:

I hereby grant Thrive Youth Collective the permission to use photographs, videos, or audio recordings of me taken during program activities for promotional and educational purposes, including website content and social media platforms.

Yes, I grant permission.

No, I do not grant permission.

TERMS AND CONDITIONS:

I have read and agree to abide by the Thrive Youth Collective program guidelines. I understand that my participation is voluntary and that i can withdraw from the program at anytime.

I agree to the terms and conditions.

Signature: _____ Date: _____

Please submit this form to complete your registration for the Three Youth Collective program.

Thank you for joining Thrive Youth Collective!