



Program Title: \_\_\_\_\_

I give my permission for \_\_\_\_\_, to participate in the Youth First Impression project.

Childs Name

Street/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

School Attended \_\_\_\_\_ Current Grade \_\_\_\_\_

DEMOGRAPHIC INFORMATION: (optional)

Ethnic:  Hispanic  Not Hispanic

Race:  White  Black  Alaskan/Am. Ind.  Asian  Hawaiian/Pac. Island  White & Black  Black & Am. Indian  White & Asian  Not listed

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_  
Home Work Cell

Parent/Guardian Address: \_\_\_\_\_  
Street/PO Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Please provide phone numbers of one additional (non-parental) emergency contact person:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Phone: \_\_\_\_\_

PHOTO RELEASE PERMISSION FORM

\_\_\_ I grant permission to the University of Wisconsin-Extension to use the photo and comments of my minor child, (name) \_\_\_\_\_, in UW-Extension reports, articles, and publications designed for educational, informational, and promotional purposes. I understand some of these materials may be posted on the World Wide Web for a period of time.

Parent Signature: \_\_\_\_\_

Please sign and return this form to: First Impression Coordinator

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