

Young Soldiers and Cadets Registration

The Young Soldiers & Cadets (YS&C)
Mentoring Program
5050 Beech Place
Temple Hills, MD 20748

Program Dates: School Year 2024-2025 **Program Hours:** 9:00 am - 11:00 am

Please complete the following information:

Child's First and Last Name:

Child's Gender:

Current Grade

Current Age

Child's Date of Birth: (MM/DD/YYYY)

Please fill in Address:

Father's First and Last Name:

Cell Phone number:

Work Phone number:

Email:

Mother's First and Last Name:

Cell Phone number:

Work Phone number:

Email:

Child lives with?

- Both Parents
- Mother
- Father
- Grandparents
- Guardian

Please list emergency contact other than parent(s)

Emergency Contact First and Last Name:

Emergency Contact Phone number:

Emergency Contact First and Last Name:

Emergency Contact Phone number:

Family Physician

****Medication Order form is required for any child needing to take medication on a temporary or regular basis. Physician's authorization and signatures are required. Please list any allergies or restrictions, which would prevent your child from participating in the program's activities.**

In submitting this application:

- **I give permission** for my child to participate in all field trips and activities.
- **I understand** that the camp will provide transportation for field trips.
- The **Program Director reserves the right** to dismiss any child who does not respect the rules of the program and/or whose behavior will be detrimental to the well being of others.

Parent/Guardian Signature

Please Enter Date (MM/DD/YYYY)

List any known allergies and/or health problems; including reactions and treatment plans.

I understand that YS&C will not administer any medication under any circumstances.

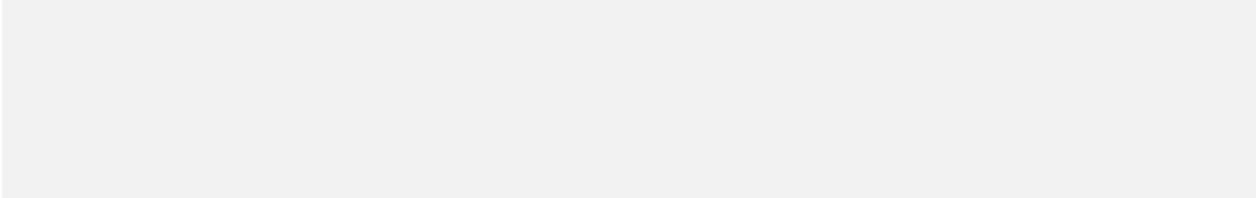
Parent/Guardian Signature

Please Enter Date (MM/DD/YYYY)

I confirm this form is filled out accurately and consent to an electronic signature and the use of digital forms.

Your Name

Your signature



Signature Date (MM/DD/YYYY)
