

**Community Anti-Drug Coalitions of America: National Youth Leadership Institute
State of West Virginia 2010-2011
Supplementary Youth Consent and Information Form**

Please TYPE your information into the form and email to kvonbrook@cadca.org or fax to 703-706-0565 by October 1, 2010.
Questions: 703-706-0560 x233 or 1-800-54-CADCA x233

***Required Fields**

YOUTH CONTACT INFORMATION

*Prefix _____ *First Name _____ *Last Name _____ Suffix _____
*Address Line 1 _____ Address Line 2 _____
*City _____ *State _____
*Zip _____ *Country _____
*Home Phone _____ Cell Phone _____
*School _____ *E-mail _____

YOUTH PROFILE INFORMATION

1. *Gender Male Female 2. *Age _____ 3. *Birthday _____
4. *Ethnicity:
 American Indian or Alaskan Native Asian or Pacific Islander Black or African American
 Hispanic or Latino White (non-Hispanic) Other _____
5. *Geographic Target Area Frontier Rural Suburban Urban N/A

COALITION & ADVISOR INFORMATION

*Coalition Name _____
*Advisor Name _____ Title _____
*Phone _____ Fax _____ *E-mail _____

Please check the following to agree to the Terms and Conditions.

- I acknowledge that I am the adult advisor and will assume responsibility for this youth while traveling and during the event.
- I agree to attend and participate in the NYLI training experience.
- I certify that I have communicated with the youth's parent/guardian and secured permission for the youth to attend this event.
- I agree to print the **Parent/Guardian Consent Form**, to obtain the parent/guardian signature and fax it with this document to 703-706-0565 or email both documents to kvonbrook@cadca.org.

*Advisor's Signature _____ *Date _____

PARENT/GUARDIAN INFORMATION

Please be advised that the Parent/Guardian Information is an important part of the registration process. The data obtained for emergency use will be maintained in our database and treated with the highest level of confidentiality.

*Parent/Gardian Name _____
Address (if different than above) _____
*Home Phone _____ Work/Cell Phone _____