The Athens Neighborhood Health Center – East
Athens Youth Leadership Academy (2015-2016)

7th -11th Grade Students

Name:_____
First Middle Last

Address:_____
Street City State Zip

School:_____

Student Email:_____

Cell #:(_____)_____ Home #:(____)_____

Grade (2015-2016):_____ Age:_____ Shirt Size:_____

Allergies (List all):_____

_____

Parent/Guardian:_____
First Middle Last

Address:_____
Street City State Zip

Work #:(____)_____ Cell #:(____)_____

Parent Email:_____

I agree to commit to the Athens Neighborhood Health Center's Youth Leadership Academy. I understand that this program will help me develop academic and leadership skills. I agree to participate in all sessions and follow all rules and expectations.

Student Signature:_____ **Date**:_____

I agree to support my child in the Athens Neighborhood Health Center's Youth Leadership Academy. I agree to bring my child to all sessions on time.

Parent Signature:_____ **Date**:_____

Return To Athens Neighborhood Health Center – East
402 McKinley Dr. Athens, GA 30601

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Why do you think you would be a good candidate for the Athens Youth Leadership Academy? (Describe in 200 words or less)

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Student Signature

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