



YOUTH PROGRAMS – PROTECTION OF NON-STUDENT MINORS
REGISTRATION FORM

Program: _____ Event Date (s): _____

Last Name: _____ First Name: _____

Address: _____ City: _____

School: _____

Birthday: ____/____/____ Grade: _____ Gender: _____ Age: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parents or guardians you live with:

Last Name: _____ First Name: _____

Work Phone: _____

Last Name: _____ First Name: _____

Work Phone: _____

Health concerns or special needs you would like the university to be aware of:

Parent/Guardian Signature: _____

Print Name: _____ Date: _____

Notice of Exemption

I, _____ acknowledge that I have been informed this program is not a licensed child care facility. I also understand this program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure.

Parent Signature _____ Date _____

Routing: Retain for event file.