



BISHOP TRIBAL YOUTH COUNCIL (BTYC)

APPLICATION For Grades 6th to 12th

2020-2021



Name _____

Phone (Home) _____ (Work/Mobile) _____

Address _____

Street

City

State

Zip

Grade ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th School _____

Date of Birth _____ M/F _____

Hobbies, Interests, Skills:

Do you have access to an automobile you can use to attend and participate in BTYC functions? If not, transportation is available, would you be needing transportation? Yes No

How did you hear about BTYC?

BTYC Agreement: By submitting this application, You are a student in the 6th to 12th grade. The facts in my application for participating are true and complete. Thank you for completing this application form and for your interest in volunteering with us. All the information recorded above is considered and confidential.

Applicant Signature: _____ Print: _____ Date: _____

Parent Signature (member is under 18) : _____ Date: _____



Emergency Contact/ Medical Information

Participant's Name:	Allergies:
Participant's Physician:	Contact #:
Medical Insurance:	Policy Number #:
Medications:	Special Diet Needs:
Emergency Contact:	Contact #: Address:
Emergency Contact:	Contact #: Address:

In the event that an emergency does occur during any BTYC functions, activities, or events.

I _____ (parent/guardian) hereby grant permission for the Bishop Indian Education Center Staff to escort my student, _____ to the nearest medical facility.

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature (Print Name) _____

