

# NEW FIRE YOUTH INTAKE FORM

**Youth's Name:** \_\_\_\_\_

**Blrthday:** \_\_\_/\_\_\_/\_\_\_ **Nickname/Alternate Names:** \_\_\_\_\_

**Gender** (Please circle one):      Male              Female              Nonbinary              Rather not identify

**Pronouns** (Please circle one):      She/Her/Hers      They/Them/Theirs      He/Him/His

**Phone #** ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ **Email** \_\_\_\_\_

**What are 3 things you would need us to know to best communicate with you?**

Eg: Me and my parent share a cell phone so I don't always have it, it takes me a while to feel comfortable speaking in large groups, I need to move to feel comfortable.

- 1.
- 2.
- 3.

**Guardian** (if under 18)/**Emergency Contact**(required for all): \_\_\_\_\_

**Phone #** ( \_\_\_ \_\_\_ ) \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ **Email:** \_\_\_\_\_

**Food Allergies** (please circle all that apply and add any that may be missing):

Dairy              Gluten              Soy              Corn              Nuts              Tree Nuts  
Seafood              Chlorine              Grass              Animal Dander

**Please list any medical conditions or medications you/your youth has that we should be aware of (asthma, diabetes, etc.).**

\_\_\_\_\_  
\_\_\_\_\_

**I give permission for my image/images of my child to be used in written and electronic media such as Fire Social Media and other youth organization websites.**

(Please circle one)              Yes                              No

**In case of medical emergency, I give chaperones permission to call ambulance or take me/my child to the nearest Hospital?**

(Please circle one)              Yes                              No

**Youth Signature** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

