



PO Box 331394

Corpus Christi, TX, 78463

(361) 946-6016

(361) 793-9691

Youth Application

Name _____ Social Security No. _____

Street _____ City _____ State _____ Zip _____

Phone Number: _____ Birthdate: _____ Age: _____ Sex: M F

Education Information

Current or last school attended: _____ Are you currently enrolled?: Yes No

Are you Currently employed?: Yes No Employer Name: _____

Can we call you at your place of employment? If yes, phone # _____

Parent or Guardian Information

Mother _____ Father _____

Day Ph : _____ Evening Ph: _____ Day Ph : _____ Evening: _____

Street _____ Street _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Please indicate ethnic origin. Responding is optional. Please circle the one that best describes you: Native American Hispanic African American Caucasian Asian other

Can you swim? _____ If yes: _____ Beginner _____ Intermediate _____ Competitive

I agree to abide by the rules, policies guidelines of Youth Odyssey. I give permission for Youth Odyssey and or its Grantors to use my name and/or picture in any materials and/or press releases. Please list alternative people to the mother and father listed above who have your permission to pick up the youth after a Youth Odyssey activity.

Name- Please Print

Name- Please Print

Signature of Applicant

Date

Signature of Parent or Guardian

Date