



Y E S

Youth Engagement Services

Youth Registration

Creating a positive and motivating environment
for youth to prosper in the community

**Youth Engagement Services
200 E 8th Ave, Suit 201 Pine Bluff,
Arkansas 71603
PHONE (870)730-2000 EXT & / FAX
(870)730-2174
WWW.CITYOFPINEBLUFF.COM/PBYES/**

YES PROGRAM REGISTRATION

REGISTRANT INFORMATION	Please type or print legibly Date Completed: _____ Youth Program of interest, check all that apply: For more program info go to our website.		
	<input type="checkbox"/> Pine Tree <input type="checkbox"/> YES Teen Night <input type="checkbox"/> Teen Movie Night	<input type="checkbox"/> Week of Service <input type="checkbox"/> Color Run <input type="checkbox"/> REC Explorers	<input type="checkbox"/> Afterschool in the Park <input type="checkbox"/> Pine Bluff's Got Talent <input type="checkbox"/> Youth & Police Lace'em Up
Social Security Number:		Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name:	First Name:	Middle Initial:	
Street Address:		Apt #:	
City:	State:	ZIP:	
Primary Phone :		Mobile:	
Email:			
Race:	<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Bi or Multi Racial <input type="checkbox"/> Other
Primary Language:	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Arabic <input type="checkbox"/> Other _____	Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Registered Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other
EMERGENCY CONTACT (E.C.) & MEDICAL INFORMATION			
E.C. Name:			
E.C. Street Address:			Apt #:
City:	State:	ZIP:	
E.C. Primary Phone :		E. C. Mobile Phone:	
E.C. Alternate Phone :		Relationship to E.C.	
Registrant's Medical Conditions:	<input type="checkbox"/> Allergies <input type="checkbox"/> Blackouts	<input type="checkbox"/> Heart or Lung Problems <input type="checkbox"/> Physical Limitations	<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Disease of any kind
Other and/or conditions currently being treated (Please be specific):			
If currently taking any medication, please provide that information:			
SCHOOL & EMPLOYMENT INFORMATION			
School District	<input type="checkbox"/> Watson Chapel <input type="checkbox"/> Dollarway <input type="checkbox"/> Pine Bluff High <input type="checkbox"/> Other		
Current Grade:	School Name:		
Have you previously participated in this program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what program?			
When are you available?			
Which do you prefer? <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> No preference			
How will you get to program? <input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> Bike <input type="checkbox"/> Walk <input type="checkbox"/> Other			
Career Interests: (Check top 3)	<input type="checkbox"/> Arts/Theatre Auto <input type="checkbox"/> Technician <input type="checkbox"/> Educational Projects <input type="checkbox"/> Food Service	<input type="checkbox"/> Gardening/Landscaping <input type="checkbox"/> Health Care <input type="checkbox"/> Maintenance <input type="checkbox"/> Painting	<input type="checkbox"/> Recreation Aide <input type="checkbox"/> Retail <input type="checkbox"/> Technology Information