



CSTC OF LOUISIANA
 Youth Leadership Development Camp
REGISTRATION FORM

DATE: __-__-__

The Central States Trooper Coalition of Louisiana's goal is to create an experience that will equip youth between the ages of **11** and **13** with the skills to become happy, healthy and successful contributing members of their community. **Please print clearly.** Complete this form and return it to a CSTC member or mail it to the address below for consideration.

Mail to: Central States Troopers Coalition-YLD CAMP
P.O. Box 66464
Baton Rouge, La 70896

Child's Information:

Child's Full Name		Have you attended this camp before? <input type="checkbox"/> No <input type="checkbox"/> Yes When (Year)?		
Address, City State zip code				
School	Grade Entering	Age	Date of Birth	Gender

Parent/Guardian Information: **If selected** this is who we will call.

Parent/ Guardian # Name	Telephone#
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Additional Information: Please discuss the following with your child.

Do you have any allergies and/or intolerances to food, medication or any other substances?	
Do you have a behavioral issue? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes explain) ___ Disrespectful ___ADD ___Argumentative ___Hyperactive Explain:	
Will you be required to take medication during camp? If so, what medications?	
Are you capable of participating in physical activities and being outside for long periods of time?	
Why should you be selected for this camp? (Use the back)	
What are your goals for this summer?	
Parent/ Guardian Signature	Date
Prospective Camper's Signature	Date

If selected, you will be contacted by a member of the Central State Troopers Coalition (CSTC) who will forward you a **Camp Application**. The Camp Application must be completed and presented at the pick-up location.

For office use only:
 Accepted by-

DATE: