



# PUTNAM COUNTY YOUTH COURT

Justice for youth, by youth



REGISTRATION FOR YOUTH COURT TRAINING					
APPLICANT INFORMATION					
First and Last Name:				DOB:     /     /	
Phone:					
Email:					
Mailing Address:					
City:		State:		ZIP Code:	
Gender:	Male	Female	Other	Age:	
Ethnicity :	White	Black or African American	Hispanic or Latino		
	American Indian or Alaskan Native	Asian	Native Hawaiian or Pacific Islander		
	2+ Races	Other (please specify): _____			
SHIRT SIZE (ADULT):	SMALL	MEDIUM	LARGE	X-LARGE	2XL
EDUCATION					
Current School:					
Current Grade:			Year You Plan to Graduate High School:		
EMERGENCY CONTACT/PARENT INFORMATION					
Parent/Guardian Name(s):					
Relationship:					
Phone:					
Email:					
INTERESTS AND ACTIVITIES					
Current Extracurricular Activities:					
Other Interests/Activities:					
Future Employment Interests:					
How You Found Out About Youth Court:					
SIGNATURES					
<i>I am interested in learning more about Youth Court and wish to be contacted about the program &amp; training.</i>					
Signature of Student:				Date:	
<i>I authorize my son/daughter to participate in the Youth Court program and consent for him/her to be contacted.</i>					
Signature of Parent/Guardian:				Date:	

**Training begins in September in Carmel and February in Philipstown.**

*Please return your registration form to the contact information listed below.*

*You will be contacted prior to our next training session.*

*Thank you!*

Putnam County Youth Court  
110 Old Route Six, Bldg. Three  
Carmel, New York 10512  
youthcourt@putnamcountyny.gov  
Phone (845)808-1600 ext.46122 Fax (845)808-1907