



REFERRAL FORM YOUNG C.E.O. INSTITUTE Job Readiness and Workforce Development Program
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Does youth meet criteria for CAMD YCEO (Low-Medium Risk)? <input type="checkbox"/> Yes <input type="checkbox"/> No Select Risk Level: <input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk	
Date: Click here to enter a date.	
Referring P.O. Name:	Title:
Telephone (Office):	Additional Number:
Email:	
Referring Agency: CLAYTON COUNTY JUVENILE COURT	

ENTIRE FORM MUST BE COMPLETED

YOUTH'S INFORMATION			
Name:		Age:	
DOB: Click here to enter a date.	Race:	Gender:	
Address:	City:	State:	Zip:
Currently Attends (Name of School):			Grade:
Home Phone:		Mobile:	

PARENT/GUARDIAN'S INFORMATION	
Mother's Name:	Father's Name:
Legal Guardian (if other than parents):	
Address:	City:
State:	Zip:
Home Phone:	Mobile:

PARENTAL CONSENT (Please read this carefully before signing):

I, the undersigned, am the parent/guardian of _____. I hereby give consent for _____ to participate in all aspects of the Center for Adolescent Male Development's (CAMD) **Young CEO Institute** and all aspects therein. I further understand that my signature constitutes consent for _____ participation in YCEO Institute's activities. I hereby authorize the Center for Adolescent Male Development to reproduce, and/or publish photographs and videos of my child including his likeness and/or voice. I further recognize that transportation to program activities may be provided. As such, I hereby relinquish CAMD of any liability associated with transporting my child and any liability associated with the his participation in program activities.

Parent/Guardian Signature Date

Parent/Guardian Printed Name