



FRESH PATHWAY CALD YOUTH SERVICES

www.freshpathwaycaldyouth.org

REGISTRATION & CONSENT FORM

■ Participant Details

First Name:	
Middle Name:	
Surname:	
Date of Birth:	Age:
Place of Birth:	
Home Address:	
Suburb:	
City:	
Country:	
School:	
Year Level:	

■ Emergency Contact

Name:	
Phone:	
Relationship:	

■ Health & Needs

Medical/Disability:	
Dietary:	
Faith/Spiritual Needs:	
Cultural Background:	

■ Services (Tick all that apply)

- | | | |
|-------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Cultural Support | <input type="checkbox"/> Leadership |

Youth Camp

Referral

Redirection Program

Other:

■ Parent/Guardian Consent

I give permission for my child to join the selected services.

Name:		Signature:		Date:	
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■ Media Consent

Yes

No

■ How Did You Hear About Us?

School

Event

Social Media

Family/Friend

Church

Other:

Thank you for trusting Fresh Pathway CALD Youth Services. We are committed to walking alongside you and your family with dignity, care, and purpose. empowering youth, restoring hope, and shaping resilient, confident future leaders in safe and supportive environments.