

**Application/Registration for Membership
(New and Returning Members)
ADAP Youth Wellness Council
2018 - 2019
Please PRINT clearly**

Name _____

Address _____

Telephone (home) _____ (cell) _____

Email _____ Grade _____

Parent/Guardian Contact info: Name: _____

Phone: _____ Email: _____

Parent/Guardian Commitment: Parent/guardian meeting highly recommended, Monday, November 5 at 5 pm.

Member commitments:

1. YWC members must attend the monthly meetings. (Two excused absences are allowed.)
2. Participation in ADAP projects is REQUIRED including Pre-prom event & Rides for Lives.
3. Confidentiality: Members respect the privacy of others in the group.
4. Meeting Dates: Oct. 1, Nov. 5, Dec. 3, Jan. 7, Feb. 4, Mar. 4, Apr. 1, May 6, June 3 (possible make-up or end of year party depending on school calendar).

User Fee: \$75. Please make check payable to ADAP of Weston.

For financial assistance please contact Larry Danter, ADAP Treasurer at 917 355 5956.

I have read and agree to the “parent/guardian commitment,” and have reviewed the “member commitment” listed above with my YWC applicant.

Parent/Guardian signature _____

I have read and agree to the “member commitment” and I have shared this information with my parents.

Student signature _____

Mail to: ADAP of Weston, PO Box 1241, Weston, CT 06883