

**Application/Registration for Membership**  
**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.
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**