



APPLICATION
NEIGHBORHOOD IMPROVEMENT TEAMS 2026
YOUTH APPLICATION

PLEASE PRINT

First Name Last Name Gender
Address: City: State: Zip
Cell Phone Home Phone :
E-Mail Age Race Date of Birth
Adult Shirt Size : S M L XL XXL XXXL

Parent/Legal Guardian Information

First Name Last Name
Relationship to Youth Daytime Phone
Cell Home Work
Email

2nd Parent/Guardian

First Name Last Name
Relationship to Youth Daytime Phone
Cell Home Work
Email

I agree that I will abide by the Neighborhood Pride Team's program requirements.

Applicant Signature Date

If needed, I give permission for my child to be transported by ambulance and treated by an emergency medical technician (ambulance EMT), physician, surgeon, nurse, doctor's assistant, or medical care facility that may be required. My hospital of choice is

Parent (s) Signature Date
Parent (s) Signature Date