

**Empowerment Resource Center of Asheville/Buncombe, Inc.
Youth Empowerment Program – Mr. John R. Hayes, Founder
Hillcrest High Steppin’ Majorettes & Drum Corps**

Assistants: Michael and Paula Hayes

CHILD’S NAME _____
ADDRESS _____ PHONE _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
SCHOOL _____ GRADE _____ AGE _____
PARENT(S) _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____
NAME OF DOCTOR _____ PHONE _____
IS YOUR CHILD ALLERGIC TO ANY DRUG? YES _____ NO _____
IF YES, PLEASE LIST _____
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**IF FOR ANY REASON DURING THE ACTIVITIES YOUR CHILD IS
ENGAGED IN, HE/SHE NEEDS MEDICAL ATTENTION, PLEASE COMPLETE
THE FOLLOWING STATEMENT:**

I, _____ PARENT/GUARDIAN OF
CHILD’S NAME _____ GIVE PERMISSION,
TO MR. JOHN R. HAYES AND/OR STAFF MEMBERS OF THE YOUTH
EMPOWERMENT PROGRAM, TO TAKE MY CHILD TO THE NEAREST
AVAILABLE HOSPITAL FOR TREATMENT.
PARENT/GUARDIAN _____ DATE _____

A COPY OF BIRTH CERTIFICATE AND REPORT CARD MUST ACCOMPANY THIS FORM

“A PROGRAM DESIGNED TO EMPOWER A NATION”

PO BOX 7495 – ASHEVILLE, NC 28802 TELEPHONE (828) 281-3065 FAX: (828) 281-3067
MR. JOHN R. HAYES, FOUNDER/DIRECTOR 1977 – 2009 CELEBRATING 32 YEARS OF
SUCCESS!