



## APPLICATION & CONSENT

Have you ever been a member before? Y / N

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Career Technical Program \_\_\_\_\_

**\*Student E-mail\*** \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone # \_\_\_\_\_

**\*Parent E-mail\*** \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone # \_\_\_\_\_

**\*Parent E-mail\*** \_\_\_\_\_

**\*WE RELY ON EMAIL TO CREATE YOUR ACCOUNTS.\***  
IT IS FOR DFCA **ONLY** AND WILL **NOT** BE SHARED.  
NEED ONE? JUST ASK!

I consent to the taking of specimens for drug screening as part of an examination in connection with enrollment into Drug Free Clubs of America (DFCA), and authorize the release of those results to only DFCA and my parent or guardian. I also consent to the taking of my (or my child's) photograph to be used by and for DFCA's purposes only.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

\*Please return to Student Services Office by Monday, October 3<sup>rd</sup>

