



## High Flight Participant Referral Form

Date: \_\_\_\_\_

**Session Desired:**

Winter (Jan-Mar) \_\_\_\_\_

Spring ( Apr.-June) \_\_\_\_\_

Summer (July-Aug.) \_\_\_\_\_

Fall ( Oct.-Dec.) \_\_\_\_\_

Name of the youth referred: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of school most recently attended: \_\_\_\_\_

Grade: \_\_\_\_\_ Still attending: \_\_\_\_\_

Phone#: Day \_\_\_\_\_ Evening: \_\_\_\_\_

Participant E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

What are the strengths of this youth? \_\_\_\_\_  
\_\_\_\_\_

Describe the youth's overall behavior: \_\_\_\_\_  
\_\_\_\_\_

Does the youth have a history of alcohol or drug abuse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What family issues may be affecting this youth? \_\_\_\_\_

How does this youth interact with his peers? \_\_\_\_\_

Does this youth participate in any extra circular activities? \_\_\_\_\_

Why are you referring this youth to the High Flight Program? \_\_\_\_\_

Name(s) of person(s) referring this youth \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**\*\*In keeping with the family and youth's privacy, all information provided will be kept confidential by the Community Outreach staff.**

**Please mail or fax completed form to:**

Joe Hattabaugh  
MetroWest YMCA  
280 Old Connecticut Path  
Framingham, MA 01701  
Fax: 508-620-1610

**For Office Use Only**

Youth interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted: Program \_\_\_\_\_ Start Date: \_\_\_\_\_

Declined: Reason \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_