



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



HIGH FLIGHT

To Try Is To Succeed.

High Flight Participant Referral Form

Parental/Guardian Release of Information

I, _____, Parent/Guardian of _____, authorize the release of any and all relevant information in regards to the selection process and participation within the High Flight Program to the MetroWest YMCA Leadership Development Department/High Flight Program. I do so knowing that all information released will be kept confidential by the Leadership Development Department/High Flight Staff.

Signature: _____ Date: _____

Date: _____

Name of Candidate being referred: _____

Age: _____ Date of Birth: _____ Male _____ Female _____ Other _____ (Check one)

Parent/Guardian's Name(s): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent/Guardian's Email: _____

Address(city/state/zip): _____

Name of school most recently attended: _____

Grade: _____ Still attending: _____

Candidate's Diagnosis (if applicable): _____

What are some strengths of this candidate? _____

Describe the candidate's overall behavior. _____

Does this candidate have a history of alcohol or drug abuse? _____



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What family issues may be affecting the candidate? _____

Describe how this candidate interacts with his/her peers. _____

Does this candidate participate in any extracurricular activities? _____

How does this candidate handle physical and emotional stress? _____

Why are you referring this candidate to the High Flight Program? _____

How does this candidate feel about the possibility of attending the High Flight Program? _____

The High Flight Program requires consistent attendance and significant commitment. Describe how this candidate handles the commitment to finishing what they have started. _____

Please add any information that you may feel helpful in aiding in the selection process of this candidate. _____

Name(s) of person(s) referring this youth: _____

Agency/Department: _____

Phone #: _____ Fax: _____

Email Address: _____

***In keeping with the family and youth's privacy, all information provided will be kept confidential by the Leadership Development Department/High Flight Staff.**

Please send completed form to:

MetroWest YMCA Family Outdoor Center
45 East Street Hopkinton, MA 01748
FAX #: 508-435-9201

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