

database compliant application

Drug-Free Youth Membership Application

New Member	Renewing Member	Rar	ndom Te	est				
Desoto Punta Gorda	Englewood [Sarasota [North Por	t		Manatee			
APPLICANT INFORMATION								
Name:		Bir		Birthd	rthdate:			
Address:		City:		-	Zip code:			
Phone:		May we text you?						
Email:								
Parent/Guardian Name:		Parent Phone:						
School:		Grade:		HS Grad Year:				
SIGNATURE REQUIRED FOR APPLICATION PROCESSING:								

++++PLEASE READ BEFORE SIGNING++++

I understand that a drug test is part of the application process and will be conducted at no charge to me as part of the initial application or renewal. I also understand that a \$10 fee is required for the replacement of a lost card, which will also include a re-test. I understand a parent or guardian signature is required if I am under age 13; and if I am under 18, a parent/guardian has the right to request my results, and will be notified if there is a positive result for a tested substance. If the test indicates alcohol, tobacco, or drugs, my application will not be forwarded for membership, however, a D-FY representative will provide me with options to re-apply. If I successfully pass the drug screening, my application will be processed to finalize my membership. I understand my child's (above) application information and membership status will be stored securely online in a (non-public access) D-FY membership database. Holding an active membership in Drug-Free Youth (D-FY) signifies that I have validated my commitment to being alcohol, tobacco, and drug free through a drug test. Annual renewal is required, and I may also be subject to random testing throughout my membership. I understand my membership will be voided if I refuse requests for future drug tests; participate in drug, alcohol, or tobacco use; or ay unlawful activities.

Applicant Signature	Date
Parent/Guardian Signature (if under age 13)	Date