

**NYCC** *The New York Cycle Club*  
**YOUTH PROGRAM APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

School/ Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Parental Consent:**

All participants must bring proof of age. Participants under 18 must provide signed parental consent at the first meeting:

I hereby give permission for my son/ daughter to participate in the NYCC Youth Program.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Signature: \_\_\_\_\_

Send application to:

Email: [YouthProgram@nycc.org](mailto:YouthProgram@nycc.org)

Fax: 212-932-3206

Mail: Rich Conroy, 3050 Decatur Ave., Apt. 2A Bronx, NY 10467