

# HAWAI'I NATIONAL GUARD YOUTH CHALLENGE ACADEMY

## CUSTODY/EMERGENCY CONTACT FORM

Candidate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

	FATHER/MALE GUARDIAN	MOTHER/FEMALE GUARDIAN
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
CUSTODY STATUS		

**\*\*PLEASE SUBMIT ANY COURT CUSTODY PAPERWORK AS NEEDED (DIVORCE/CUSTODY)**

	EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
NAME		
ADDRESS		
CITY, STATE, ZIP CODE		
HOME PHONE		
WORK PHONE		
CELL PHONE		
EMAIL		
RELATIONSHIP		
Authorized to Transport (21 yrs of age or older)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

### STATE JUDICIAL CONTACTS

	PROBATION OFFICER	SOCIAL WORKER
NAME		
DEPARTMENT		
TITLE		
OFFICE PHONE		
CELL PHONE		
EMAIL		

I have answered the questions truthfully and to the best of my knowledge. Any changes in status must be reported immediately to the Hawai'i National Guard Youth Challenge Academy.

Print Parent/Guardian: \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*"This institution is an equal opportunity employer"*