



THE CAT FANCIERS' ASSOCIATION, INC.
Youth Feline Education Program
APPLICATION FORM
PLEASE AVOID ERRORS • TYPE OR PRINT



Applicant please fill out the following section, and the optional fields on Page 2.

Name of Applicant: _____

Birthdate of Applicant (month/day/year): _____ CFA Region of Residence: _____

Home Phone Number: _____ Cell Phone Number: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Email Address: _____

Were you referred by another YFEP Member? If so, who? _____

Signature of Applicant: _____ Date: _____

Parent or Guardian please fill out the following sections.

Name of Parent or Guardian: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

If your child should place at the National level, traditionally a monetary award is also given in the form of a check from CFA. Some banks will not accept a check without the parent(s) name on it. Please note if parent(s) name needs to appear on any checks. _____

Release and Waiver of Claims

On behalf of my child, _____, I hereby release, discharge and waive any suit, action, claim or any other proceeding of any nature that might otherwise be brought against The Cat Fanciers' Association, Inc. (CFA) or any member club, judge, clerk, steward or any person acting on behalf of CFA or any member club, judge, clerk or steward regarding any injury or illness arising or alleged to have arisen in any manner whatsoever out of my child's participation in the CFA Youth Feline Education Program. I voluntarily execute this Release and Waiver in full knowledge and appreciation that my child will, during his/her participation in the program, be exposed to and will handle cats, and will be in show halls in the presence of many people and cats. I fully realize and appreciate that cats may bite and/or scratch, and that bites and scratches may result in serious illnesses or injuries. I also fully realize and appreciate that exposure to cats may result in allergies or other injuries even if no biting or scratching takes place. Finally, I realize that my child's participation will require his/her presence in public facilities, and that he/she will be subjected to such accidental injuries or illnesses as may from time to time occur to members of the public present in such facilities. I execute this Release and Waiver in belief that the potential benefits to my child resulting from his/her participation in the CFA Youth Feline Education Program outweigh the risk of illness or injury involved, and I fully understand that the execution of the Release and Waiver is a condition of my child's participation in the program.

Signature of Parent or Guardian: _____ Date: _____

Publicity Release

I authorize The Cat Fanciers' Association, Inc. (CFA), the CFA Youth Feline Education Program, or their assignees to record and photograph my child's image and/or voice for use in research, educational programs, and promotional programs. I also recognize that these audio, video and image recordings are the property of CFA and the CFA Youth Feline Education Program.

Signature of Parent or Guardian: _____ Date: _____

YFEP member's name: _____.

Following is a list of some YFEP activities. Place a check mark by those activities that interest you now, or that you think might interest you in the future as you advance through the program.

- Animal Adoption Fairs* Animal rescue Free/low cost medical clinics No-kill shelters*
 CFA Disaster Relief Program or any other approved disaster relief programs.

*Must be non-profit 501 © 3 corporation and approved by the program.

- Attendance at educational seminars assisting in a CFA Booth at a CFA licensed event
 Clerking School Craftwork Ring Steward
 Breed presentation or assisting breed presentation at a CFA licensed event
 Complete required reading material as assigned Participate in oral and written testing
 Written reports Assist or Ring clerk Bring a Friend to a CFA-licensed show
 Cat-Showmanship Breed Presentation Short Talk Be a runner Clerk/Assistant Clerking
 Club Participation Enter & exhibit a cat in any regular competitive class Join the Ambassador Program
 Keep your cats show record Keep your cats health record. Other
-
-
-

Are you interested in a career in the animal professions? YES NO UNSURE

Place a check mark by the career that you are interested in, if any.

- | | |
|---|--|
| <input type="checkbox"/> Careers in Veterinary Medicine | <input type="checkbox"/> U.S. Fish & Wildlife Service |
| <input type="checkbox"/> Wildlife Veterinarians | <input type="checkbox"/> Marine Mammology |
| <input type="checkbox"/> Veterinary Technicians | <input type="checkbox"/> Primatology |
| <input type="checkbox"/> Animal Ecology | <input type="checkbox"/> Wildlife Rehabilitation |
| <input type="checkbox"/> Animal Behavior | <input type="checkbox"/> Zoology |
| <input type="checkbox"/> Animal-Assisted Activities/Therapy | <input type="checkbox"/> Oceanography, Marine Science & Marine Biology |