

# D W Leadership Academy Registration Form

First Name	_____	Last Name	_____	MI	_____	Gender: M	F
Address	_____						
City	_____	State	_____	Zip	_____		
Home Number	_____	Work number	_____	Fax Number	_____		
E-mail Address	_____						
Emergency Contact Person	_____	Phone Number	_____				

**What type of program or support services are you interested in? There are several categories to choose from below. Please check the category/categories that apply to you.**

## **EMPOWERMENT WORKSHOPS AND SPECIAL PROGRAMS**

- D. West Leadership Academy (ages 6 - 19).
- D's School Of Fine Arts For Youth Development: art, music, acting, dance, modeling, singing, commercials, television and radio broadcasting.
- Lifestyle Coaching & Strategies - professional leadership advice, support, tips and motivational counseling for both youth and adults.
- Youth sports and leadership camp.
- Family support, advice and group counseling.
- D. West School For Motivational Speaking.
- Career and business development - Start Your Own Business.
- Health, fitness and wellness - Weight reduction programs, Abdominal programs, Toning programs, Weight gain programs, Meal planning programs, Core body training programs, Customized and Generic training programs, Youth health and fitness programs, Wellness support groups, Obesity programs.
- Career and business development - The Key To Being Successful When Starting Your Own Business.
- Your big break in television and entertainment.

**YOUR CHILD'S FIRST NAME** \_\_\_\_\_ **LAST NAME** \_\_\_\_\_ **MI** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PLEASE CIRCLE THE AGE GROUP THAT CORRESPONDS WITH YOUR CHILD'S AGE.**

(Circle only one)      6 - 8                      9 - 12                      13 - 16                      17 - 19

**DO YOU HAVE OTHER CHILDREN THAT WILL BE ATTENDING OUR LEADERSHIP ACADEMY?**

If yes, please list his or he first name, last name, middle initial and age.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PARENT'S OR GUARDIAN'S SIGNATURE**

**DATE**

Please e-mail or mail us your areas of interest registration form. We will e-mail you the applicable program rates for each category of your choice, including all workshop schedules, family and youth support, advice and group counseling availability. Our e-mail address is dwesttvcom@yahoo.com. All applicable program fees should be mailed to Pro Athletes, Inc. - 600 Garson Dr., N.E., Suite 2207, Atlanta, Ga 30324. Please make all money orders and certified checks payable to Pro Athletes, Inc. If you have any questions, please contact Devon Scott, the Director of Marketing at (908) 522-0606. We appreciate your interest.