

ACO Youth Patient Adoption Registration

Please fill out the following information to register for our Youth Patient Adoption program. Each registration requires a commitment to raise funds to adopt at least one patient. The adoption fee of \$300 per patient will be used to pay for the local hospital, and the surgery will be performed by ACO volunteer doctors. Special needs for certain patients will be announced separately.

Adopter Information:

- Full Name:
- Age:
- Contact Email:
- Contact Phone Number:
- Number of Patients Adopting (Minimum one):
- Total Amount: \$

Deadlines: Adoption commitments must be made by January 31, 2025.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

By submitting this form, youth and their parents agree to participate in raising funds to adopt a patient as part of our Youth Patient Adoption program.