



# 2016-2017 Membership Form

(Please Print)

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Any allergies, medical, or physical conditions? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

**Emergency Contact:**

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

Phone: (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I voluntarily agree to all of the above and voluntarily agree to participate, or agree for my child to participate in this program/field trip, or any extensions thereof. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including negligence, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisors, the City of Santa Clarita, and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita to use my or my child's photographs as they see fit as part of printed materials, brochures, or other publications of the City or with the media, for displays or other uses as the City deems appropriate. I understand the photograph belongs to the City of Santa Clarita, and I will not receive payment of any kind. By signing this form, I am authorizing my child to attend any and all field trips offered by the Youth Advisory Committee. My signature below indicates that I have read, understand, and agree to all of the above.

**Parent/Guardian's Signature (REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please read and sign the reverse side***



Youth Advisory Committee (YAC) 2015-2015 Membership Form

**Ground Rules**

1. Members will respect everyone, including peers, City staff, and guest speakers.
2. YAC members shall be required to maintain a positive attendance record to regular meetings, YAC committed activities/ events, and represent YAC in a positive manner.
3. YAC members should notify (call or e-mail) City staff at all times if unable to attend any YAC meetings or committed activities/ events.
4. Members must remain drug, alcohol, and tobacco free.
5. All members must have a signed membership form on file with current information.

Participation in YAC is voluntary. I understand that I must respect and follow these rules at all times to maintain my membership in YAC.

**Supplemental Questionnaire**

1. Why do you want to become a member of YAC?

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2. What are some of the biggest issues you would like to see YAC address?

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3. What qualities, skills, and resources would you bring to Youth Advisory Committee?

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Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

