



Avondale Youth Council (Official Affiliation with the Avondale Community Council)
Avondale Youth Council Membership Application

Name: _____ Gender: Girl ___ or Boy ___

Street Address: _____

Zip Code _____

Cell Phone: _____

Birthdate: _____

T shirt Size - circle one S M XL 1X 2X 3X

Email: _____

Current Grade _____ School: _____

Hobbies: _____

Interests: _____

Special Skills: _____

Extra-Curricular Activities: _____

Parent/Guardians Name _____

Home Phone _____ Cell Phone _____ Work Phone _____

Mother/Guardian Email _____

Father/Guardian Email _____

Emergency Contacts Other than Parent/Guardians

Name: _____ Cell Phone _____ Work Phone _____

Name: _____ Cell Phone _____ Work Phone _____

Health History-Check all that applies

Asthma YES ___ NO ___

Is Inhaler Required YES ___ NO ___

List Allergies: _____

Is EPI PEN Required YES ___ NO ___

Does your child wear: contact lenses ____ glasses ____ dental appliance ____
Does your child have a medical, physical, behavioral condition or other restriction we should be aware of as we wish to provide the best possible experience for the participant?
If yes please explain:

WAIVER & PERMISSION TO TREAT IN MEDICAL EMERGENCY

I hereby give permission for my child to attend/participate in the Avondale Youth Council. In the instance of a medical emergency, I understand that Avondale Youth Council representative will always attempt to contact the parent/guardian first. I hereby give permission to the Avondale Youth Council representative to seek emergency medical treatment. In the event I cannot be reached in an emergency, I hereby give permission to the physician to administer treatment, including hospitalization for my child/ward. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by Avondale Youth Council, The Avondale Community Council, Inc. By participating in these programs I assume my own medical responsibilities.

INDEMINITY

In consideration of your accepting my child's entry, I hereby, for myself, my child, our heirs, executors and administrators waive and release any and all rights and claims I or my child may have against the Avondale Youth Council, The Avondale Community Council, Inc. and its representatives, officers, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups. I personally indemnify and save harmless the Avondale Youth Council, and the Avondale Community Council, Inc., and its successors for any and all loss and damage.

PHOTO RELEASE FORM

I hereby grant permission to The Avondale Community Council (AYC) to use photographs and/or video of me taken during routine and regular activities of the AYC in publications, news releases, online, and in other communications related to the mission of the Avondale Youth Council.

TRANSPORTATION RELEASE FORM

This form acknowledges that my child may ride to AYC events and activities which we have a permission slip for. If and/or when the behavior of my child becomes too distracting for the others on the van, including the driver, I acknowledge that he or she may be asked to refrain from future field trips. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, I/We assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Avondale Youth Council, nor shall any of said persons be held financially responsible for any injury, illness or death as a direct or indirect result of this activity. I/We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

Dismissal From Program

Students will be dismissed from program participation for not participating in activities, not following rules, consistent discipline challenges or any act committed deemed harmful to the student or others

Signature of Parent/Guardian: _____

Date: _____

OFFICE NOTES BELOW

Accepted date _____ Date Added To Wait List _____