

KEARNS YOUTH COUNCIL INFORMATION SHEET

Full Name _____

Address _____ Zip _____

Telephone _____ Birthdate _____ Age _____ Grade _____

School you attend _____ email _____

Parents Name _____

Parents Address (if different) _____

Telephone numbers (Home) _____ (Cell) _____

In case of emergency, notify _____

Telephone number _____ Relationship _____

* Do you have a job? _____ *How many hours do you work weekly? _____

- What other school activities and clubs are you active in? _____

* How many hours each month can we depend on you to participate with the Youth Council on service projects and activities? _____

* Youth Council positions I am interested in holding:

- Chairperson
- Vice Chair
- Secretary
- Treasurer
- Agenda Clerk
- Historian
- First Executive Hand
- Second Executive Hand

Other interests:

- Crime Prevention
- Sr. Citizen involvement
- Community
- Beautification
- Promoting friendships
- Other _____

* Names and telephone numbers of friends interested in joining the Youth Council

PLEASE READ AND COMPLETE REVERSE SIDE.....

**Parent or Guardian Consent
Youth Community Council**

Please read and initial each section

As a parent or legal guardian of _____, I hereby give my consent for him/her to participate in any and all activities of the Youth Council.

I recognize that there is an element of risk in any out-of-house settings including the Youth Council. My child may be exposed to physical hazards, emotional demands, communicable diseases, weather conditions or other unanticipated events. _____

I authorize my child to participate in the programs at the Youth Council and in any and all trips. I assume all risks of my child's participation in these activities. I hereby release and agree to hold harmless Salt Lake County, Granite School District, its employees, agents, officers, directors, and volunteers from any and all liability, loss or damage, actions, claims and demands which I now have or which may hereafter arise from my child's participation in the Youth Council activities. This release is intended to be binding upon my heirs, executors or personal representative. _____

I hereby certify that my child is in normal health and to my knowledge is capable of participating safely in the programs of the Youth Council. _____

Should any injury occur to my child during participation in the Youth Council, I authorize someone in a leadership position to arrange for or provide emergency medical treatment and to arrange for or provide transportation to the nearest qualified medical facility. _____

I give consent for my child to be transported to and from the program location and/or program activities and will not hold anyone responsible for any injuries sustained during transportation. _____

I acknowledge and agree that the Youth Council program is not a day care facility and that my child will be free and encouraged to leave the facility when council activities are over. The program assumes no responsibility or liability for damage or harm that may be caused to my child after the child has left the facility. I agree to inform the program of any custody, guardianship or other issues or persons to whom my child should not be released. The program will make a good faith effort to comply with my request. However, I hereby release and hold the program harmless for any claims, demands, actions, causes of action, damages, costs, expenses and other rights of any nature whatsoever, arising out of or related to harm or damages caused to my child after my child has left the facility or arising as a result of my child leaving the facility with a person not authorized by me _____.

I permit my child to be photographed for the Youth Council use in publicity and promotion with no compensation for participation. **Please check: YES _____ NO _____

(Parent or Guardian Signature) (Date)

(Student Signature) (Date)

