



**SANTA CLARITA YOUTH GROVE  
Information/Photo Release**

*Please complete and return this form (and photo, if applicable) to the City of Santa Clarita.*

*I voluntarily agree to have my child's name included in the Santa Clarita Youth Grove in Central Park. In addition, I hereby give permission to the City of Santa Clarita to use the information checked below, and I understand that I will not receive payment of any kind.*

*I also understand that names and information are added to the project once a year.*

*For brochures, video and awareness/education materials*

- Ok to use both photo and info*
- Use info only; no photo*

*For banners (displayed at the site during the Annual Evening of Remembrance and other events)*

- Ok to use photo*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Parent's Printed Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Parent(s) email*

***In order for the committee to consider addition, your child must have lived or attended school in the Santa Clarita Valley.***

Youth's full name: \_\_\_\_\_ Youth's nickname: \_\_\_\_\_

Name pronunciation guide: (first, middle, last) \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_ Angel date: \_\_\_\_\_ Age: \_\_\_\_\_

SCV school(s) attended: \_\_\_\_\_

Hobbies, interests and dreams: \_\_\_\_\_

Brief description of how and where the traffic-related incident happened: \_\_\_\_\_

Youth's Photo: Enclosed. (Please provide the best quality 5"x7" or 8"x10" color photo you have. Photo will be returned to you.)

***Please mail completed form and picture to:***

*Gabby Vera  
City of Santa Clarita  
22704 Ninth Street  
Santa Clarita, CA 91321  
(661) 250-3736*