



## 2023-24 Youth In Government Membership Form

(Please Print)

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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 through the Youth in Government program. My signature below indicates that I have read, understand, and agree to all of the above.

In addition, by signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my child may be exposed to or infected by COVID-19 by myself or my child attending or a City event/program/activity and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at a City event/program/activity may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City staff, volunteers, and program participants and their families.

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

Youth In Government (YIG) 2023-2024 Membership Form

Membership Rules – Members must:

- ✓ Be respectful of City staff, peers, and guest speakers.
- ✓ Commit to the program. Notify (call or e-mail) City staff if unable to attend any program meetings, activities, and events. After two unexcused absences, the participant will be removed from the program.
- ✓ Remain tobacco, alcohol, and drug free.

Participation in Youth in Government is voluntary. I understand that by checking the box, I must respect and follow these rules at all times to maintain my membership in the program.

**Supplemental Questionnaire**

1. Why do you want to become a member of the Youth in Government program?

---

---

---

2. What area(s) of local government are you most interested in learning about?

---

---

---

3. What qualities, skills, and resources would you bring to the program?

---

---

---

4. What is your shirt size?  S  M  L  XL  2XL

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

Parent/Guardian: By checking this box, I agree to pick-up my child at the end of each program session and staff will not be responsible for my child if I am not able to pick-up my child on time.

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