



Alameda Recreation and Park Department

2226 Santa Clara Avenue, Alameda, CA 94501

(510) 747-7529 • FAX: (510) 523-4071

www.alamedaca.gov/recreation • arpd@alamedaca.gov

2018-2019 ALAMEDA YOUTH COMMITTEE APPLICATION FORM #6674

In Person or Mail: Alameda Recreation and Park Department
 2226 Santa Clara Avenue, Alameda, CA 94501

E-mail: arpd@alamedaca.gov

TEEN'S INFORMATION:

NAME	BIRTHDATE	M/F	GRADE	SCHOOL NAME:
TEEN'S E-MAIL ADDRESS (PLEASE WRITE LEGIBLY):				TEEN'S CELL PHONE
TEEN'S MEDICAL ISSUES/ALLERGIES				

PARENT/GUARDIAN CONTACT INFORMATION:

Last Name _____ First Name _____ Birthdate _____

Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____ Cell Phone _____

Parent/Guardian's Email Address _____

Emergency Contact Name _____ Relationship _____ Phone _____

Emergency Contact (Other than parent) _____ Relationship _____ Phone _____

LIABILITY WAIVER

- Undersigned hereby releases, waives and discharges the city of Alameda, its directors, employees, agents and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
- Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of the City of Alameda, its directors, employees, agents and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment, including AED machines, or program transportation thereon.

PHOTO CONSENT: Undersigned authorizes the City of Alameda to use your (or child's/ward's) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, Activity Guide or social media) produced by the City of Alameda.

Check here if you do not give photographic consent.

CONSENT TO TREAT: I hereby give my consent for the City of Alameda staff to take me (or my child/ward) to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense.

Check here if I do not consent to treat and I request that medical or surgical services be withheld.

Undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representation, statements or inducement apart from the foregoing written agreement has been made.

Student's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

PLEASE SEE OTHER SIDE TO COMPLETE ALAMEDA YOUTH COMMITTEE APPLICATION FORM



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(Please write legibly)

Why are you interested in becoming an A.Y.C. member?

What do you think you can offer to the community by joining A.Y.C.?

Hobbies:

Volunteer Experience:

References:

Name _____ Phone Number _____

Name _____ Phone Number _____