



Youth Action Council

Membership Form

Full Name:		Birthdate:	
School:		Grade:	Age:
Address:			T-Shirt Size:
City:	Zip:		
Email:			
Home Phone:		Cell Phone:	
MySpace:		Facebook:	
Ethnic Background: <i>(Optional) Please check all that apply.</i> <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African/African-American <input type="checkbox"/> Hispanic/Latino/Mexican-American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> White/Anglo-American/Caucasian <input type="checkbox"/> Other: _____			

Please list some of your personal interests/experiences, special skills/talents, or other attributes that you can contribute to the Youth Action Council.

Please share your opinions and ideas about things you would like to see changed in our county to improve the quality of life for youth.

How did you hear about us? Please circle all that apply or fill-in here: _____

Website Friend Flyer Newspaper Article Ad School Family MySpace Facebook Email Event Other
 Created 08/09

YOUTH'S NAME:

BIRTHDATE:

PARENT/GUARDIAN INFORMATION

Full Name:	Email:
Work Phone:	Cell Phone:

EMERGENCY CONTACTS

Name	Relationship	Phone Number

YOUTH'S MEDICAL INFORMATION

Doctor's Name:	Phone Number:
Insurance Provider:	Policy Number:
List any medication currently being taken:	
List any allergies, including food, environmental and medication:	
Does your child have any medical condition that would limit or prohibit normal physical activity? Yes or No (Please Circle One) If yes , please explain:	

PARENT/GUARDIAN CONSENT

I hereby certify the accuracy of all information provided above. This form provides permission for the above named minor to participate in Focus on Flagler Youth Coalition's (FFYC) activities including field trips and special events. Accordingly, in the event of illness or injury of the above named minor, during FFYC activities, I hereby release, discharge and hold harmless the FFYC staff and volunteers. I also agree that the FFYC staff and volunteers will not be held liable for (all claims, demands/rights and cause of action) personal injuries and property damage resulting or occurring during the aforementioned activity or transit to and from said activity.

Parent/Guardian's Name (Please Print)	Parent/Guardian's Signature & Date
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MEDICAL AUTHORIZATION FOR EXAMINATION AND TREATMENT OF MINOR

In the interest of the above named minor, I hereby authorize FFYC's staff or volunteers to seek medical attention in case of an emergency and agree to medical examination and/or treatment as deemed necessary by the doctor and/or other medical professionals at the nearest medical facility.

Parent/Guardian's Name (Please Print)	Parent/Guardian's Signature & Date
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COMMUNICATIONS AND MEDIA RELEASE

I hereby give permission to FFYC or news and media organizations to take or allow photographs/videotape of the above named minor and to release this material to the communications media. I understand that the photographs/videotape may be used indefinitely unless otherwise indicated. The photographs/video may be used in newspapers, magazines, brochures, websites, television and/or film. I hereby waive my right to inspect and/or approve the finished product. I am aware that unless otherwise stated, I will not receive payment. If I refuse to consent, the above named minor's participation in the program will not be affected. I understand that any photographs/materials may be released to others, including other agencies and organizations. I further understand that this information and materials may be re-disclosed without my further authorization and that FFYC cannot guarantee that the recipient of the photographs/materials will not re-disclose. I understand that I have the right to revoke this authorization, but only to the extent that FFYC has not already relied on this authorization and that it will not expire unless revoked. I may revoke this authorization by providing a written statement to FFYC at P.O. Box 1598, Bunnell, FL 32110.

Parent/Guardian's Name (Please Print)	Parent/Guardian's Signature & Date
FFYC Staff/Witness Name (Please Print)	FFYC Staff/Witness Signature & Date