Youth Advisory Commission
Application Form

2016-2017

Please use black or blue ink and write clearly.

Name: _____

Street Address: _____

City: _____ Zip: _____

Primary Phone: (____) _____ Gender: _____

Secondary Phone: (____) _____ Ethnicity: _____

E-mail: _____ T-Shirt Size: _____

Birth Date: _____

School: _____

Current Grade: _____ Current School Year 20_____ to 20_____

Employment (if any): _____

Parents' Names: _____

What activities have you been involved with in the community?

_____

_____

What are the ideas and goals that you have for this community?

_____

_____

What qualities or skills can you bring to YAC?

_____

_____

List other organizations/clubs you are currently a member of:

_____

_____

Has either of your parents served in the Military? _____

If so, are they active duty or retired? _____

Please include a <u>current picture</u> of yourself

and mail your application to:

Volunteer Services
ATTN: Youth Advisory Commission
P.O. Box 1329
Killeen, TX 76540

City of Killeen Youth Advisory Commission
Participation/Permission Slip
October 1, 2016 through September 30, 2017

I_____, the parent of _____, give my child permission to participate in City of Killeen Youth Advisory Commission (YAC)/Junior YAC activities or events, October 1, 2016 through September 30, 2017.

I agree that I will waive any right of contribution and shall indemnify and hold harmless the City of Killeen and its elected officials, officers and employees, and the Youth Advisory Commission, both in their public and private capacities from and against all claims, damages, losses and expenses, including but not limited to attorney's fees arising out of our resulting from or in connection with my child/ward's behavior or action, and my behavior actions.

This waiver is intended to cover all acts or omissions of the City of Killeen, and its elected officials, officers and employees, regardless whether such act or omission is the result of an intentional, reckless, grossly negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.

I further agree and will not hold the City of Killeen or the Youth Advisory Commission liable in case either of us is injured or involved in any type of accident.

I further agree and represent that no promise, inducement, or agreement not herein contained or expressed has been made to me, and that this release contains the entire agreement between the parties, hereto, and that the terms of this release are contractual and not merely a recital.

I agree that City of Killeen, its officials, employees, agents, and representatives have the authority to use pictures of my child taken during his/her participation in the Youth Advisory Commission. The pictures may be taken and used without my knowledge or payment to me.

In case of an emergency, I grant permission for a licensed physician to treat my child.

I have read this document and understand all its terms and contents. I execute it voluntarily, and I specifically affirm and warrant that I fully understand all matters set forth herein.

Executed the _____ day of _____, 20_____

Parent/Guardian Signature: _____

Address: _____

Home: (_____) _____ **Work:** (_____) _____

Other: (_____) _____

Please identify and explain any medical condition, allergies, or special needs that the coordinator should be aware of:_____

Insurance Carrier and ID #_____

Photo/Video Release Form

☐ I grant the City of Killeen Youth Advisory Commission permission to reprint my photograph and/or my son or daughters' photograph and to use video of my son or daughter for Youth Advisory Commission publications, Web sites, electronic and digital media, publicity, advertising and/or the calendar. All photographs/videos will remain the property of the City of Killeen Youth Advisory Commission.

☐ I also grant the Youth Advisory Commission to identify my son or daughter with their full name in the aforementioned communications.

Student Name

_____

Date_____

Parent/Guardian's Name (please print)

_____

Signature of Parent/Guardian

_____

Phone (____)_____ Cell (____)_____

Mr. L. Hamilton and Mrs. Flores-Achmad would like you to join YAC!

remind

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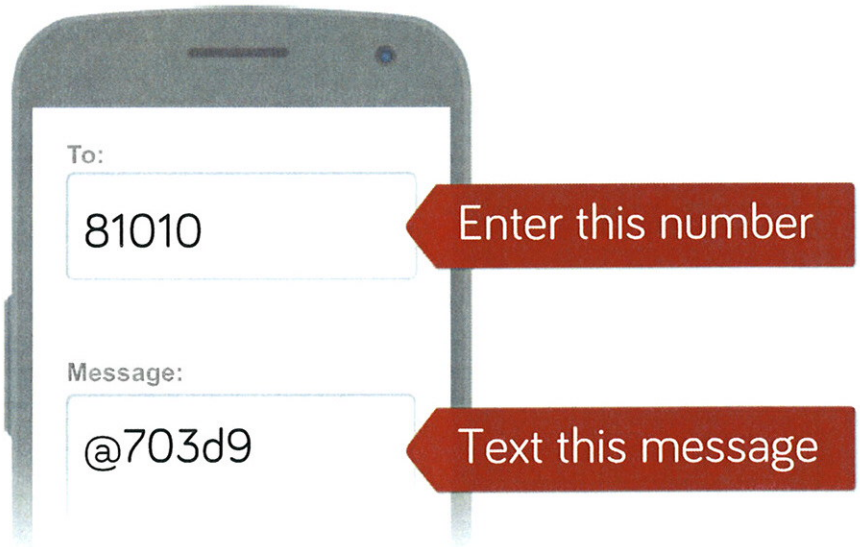
Trouble using 81010? Try texting **@703d9** to **(469) 518-2836** instead.



*Standard text message rates apply.

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