



Visions in Progress (VIP) Youth Advisory Committee Membership Form

(Please Print)

Name: _____

School: _____ Grade: _____

Age: _____ Date of Birth: _____ Male: _____ Female: _____

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 by the Visions in Progress Youth Advisory Committee. My signature below indicates that I have read, understand, and agree to all of the above.

Parent/Guardian's Signature (REQUIRED): _____ **Date:** _____

Please read and sign the reverse side



Ground Rules

1. Members will respect everyone, including peers, City staff, and guest speakers.
2. VIP members shall be required to maintain a positive attendance record to regular meetings, VIP committed activities/ events, and represent VIP in a positive manner.
3. VIP members should notify (call or e-mail) City staff at all times if unable to attend any VIP meetings or committed activities/ events.
4. Members must remain drug, alcohol, and tobacco free.
5. All members must have a signed membership form on file with current information.

Participation in VIP is voluntary. I understand that I must respect and follow these rules at all times to maintain my membership in VIP.

Supplemental Questionnaire

1. Why do you want to become a member of VIP?

2. What are some of the biggest issues you would like to see VIP address?

3. What qualities, skills, and resources would you bring to Visions in Progress?

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____