



The City of Commerce City
Department of Parks, Recreation & Golf
Youth & Teen Advisory Committee Application

Name: _____

Address: _____

Parent Phone #: _____ Your Phone #: _____

Your Email: _____

School: _____ Grade: _____ Age: _____

Shirt size (adult): S M L XL XXL

*The YAC is made up of youth 11 to 17 who want to have fun and positively impact the community. You will have the chance to participate in volunteer projects, speak your mind about issues, plan and implement activities, and provide leadership for your community. You will also get to take part in a retreat, participate in team building and leadership programs, and make lots of new friends!

Why would you make a good Youth & Teen Committee Member?

What do you think would be a good new project for the Committee to do?

Please list activities in which you are involved (clubs, sports, teams, drama etc...):

Please turn page over for required signature

Members MUST AGREE TO MEET THE LISTED EXPECTATIONS. If members fail to meet expectations, they will be asked to resign.

I _____ (applicant's signature) understand the commitment to the Youth & Teen Advisory Committee and agree to be a responsible member (if selected). I will make every effort to meet the attendance requirement with meetings and volunteer projects. I will come to meetings prepared and ready to do a variety of tasks. I understand that being a part of the Committee means having fun, but also responsibility and work. I will plan ahead when possible and will finish my commitment.

PARENTAL PERMISSION:

My son/daughter has my permission to participate (if selected) as a City of Commerce City Youth & Teen Advisory Committee Member. I understand the commitment involved.

I also understand that activities may have an element of hazard or inherent danger and risks to the participant. I, as parent or legal guardian of the participant, for the Participant, myself, and anyone else who may assert a claim by or through the Participant, releases, discharges and agrees to hold harmless the City of Commerce City and its employees and agents from any liability, loss, or expense (including attorneys fees, medical and ambulance costs) relating to personal injury (including death) to the Participant or for damage to the Participant's property that may arise from the Participant's participation in YAC. Participant assumes all risk of injury, disability, or death arising from participation in YAC and understands that those risks exist by virtue of the inherent risks of participation in YAC, negligence, and other causes that cannot necessarily be anticipated.

In the event of a medical or dental emergency, I authorize the City of Commerce City to take whatever action is deemed necessary in their judgment for the health of the Participant, including transporting the child to the necessary health care facility. I authorize treatment of the Participant to preserve life and prevent disability and/or to minimize /repair trauma to the teeth, jaws, tongue and gums to begin without delay. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

I authorize the City of Commerce City to use photographs or video of the Participant participating in YAC in newsletters, advertisements, promotional materials, e-newsletters and websites.

I affirm that the information stated on this form is correct and I understand that it is my responsibility to inform the City of Commerce City any time the above information changes. The signature of the parent or legal guardian means agreement to and acknowledgement of all of the terms and conditions of this Authorization, Waiver of Liability, and Indemnity, by the parent or legal guardian for and on behalf of the Participant, the parent/guardian, and any other parent/guardian, as a full and complete waiver of liability as allowed by C.R.S. § 13-22-107.

Parent/Guardian Signature

Print Name

Signature

Date

PLEASE TURN IN APPLICATION AT RECREATION CENTER.
FOR INFORMATION
CALL 303.289.3674