

1050 Lashley St.  
Longmont, CO 80504  
303-651-8580

# Children and Youth Resources MEMBERSHIP FORM



## Youth Information

_____			
First Name	Middle Name	Last Name	
_____		_____	_____
Street Address	City	State	Zip Code
_____	_____	____/____/____	_____
Home Phone	Youth's Cell Phone	Date of birth	
_____	_____	_____	
Age	Grade Level	Gender M/F	Youth's Email Address
_____	_____	_____	_____
School Attended	<b>** LIKE us on Facebook @ Longmont Youth Center!!</b>		

## Guardian Information

_____		
First Name	Last Name	Employer
_____	_____	_____
Cell or home phone number	Emergency/secondary phone number	
_____	_____	

## Second Guardian Information

_____		
First Name	Last Name	Employer
_____	_____	_____
Cell or home phone number	Emergency/secondary phone number	
_____	_____	

### YOUTH AGREEMENT

- I will follow the rules and expectations.
- I will be involved in at least one program.
- I will respect people, property and myself.
- I will give new ideas and share my thoughts.
- I will have some fun.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date

The Youth Center will at times take youth on field trips. In-town field trips (to locations such as the Recreation Center and Sunset Pool) will be taken without a consent form, while trips out of town will require filling out an additional consent form. **Please inform staff if you do not want your child to be allowed on in-town field trips.**

**MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN PROGRAMS SPONSORED BY THE CITY OF LONGMONT**

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:**

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child. The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

_____	_____	_____
Medical Facility	Doctor	Doctor's Phone
_____	_____	Can member swim? <input type="checkbox"/> Yes
Insurance Company	Policy number	<input type="checkbox"/> No
Medical Problems/Allergies:	Medications:	
_____	_____	
_____	_____	
_____	_____	

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# PHOTOGRAPH RELEASE

(allowing Youth Center to take and use pictures for publicity)

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph and/or video (referred to as photograph) the participants and/or their child/children/ward(s) participating in City of Longmont programs and activities. Please complete the following section:

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, permits the City of Longmont to take and use photographs of me and/or my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Longmont.

I also waive any right that I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection therewith, or the use to which it may be applied. I release, and agree to save harmless the City, its officers, agents, volunteers, assistants, and employees, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs or in any subsequent processing, as well as any publication, even though it may subject me to ridicule, scandal, reproach, scorn, and indignity.

I am 18 years old or older and have every right to sign this release on my behalf and/or on behalf of my child/children/ward(s).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Authorization to Release Information

(Allows Youth Center to communicate effectively with school or other agencies about your youth)

I, \_\_\_\_\_ hereby authorize Longmont Children  
(Name of Client)

and Youth Resources to release information concerning services provided to me. I also allow inspection and reproduction of records in their possession pertaining to me by any authorized representative of the agency listed below. I release Longmont Children and Youth resources employees, the agency or the institution from any and all liability for supplying such information.

Name, address and contact person of source of information:

\_\_\_\_\_  
Name of Agency or School

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Agency or School Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

I certify that this request has been made voluntarily. I understand this authorization shall continue in effect for twelve (12) months unless rescinded earlier by written notice to Longmont Children and Youth Resources. I understand that I may revoke this authorization at any time by giving written notice to Longmont Children and Youth Resources; however, I also understand that any information released prior to my revoking this authorization in writing shall not be considered a breach of my right to confidentiality. I hereby release all of the parties listed above from liability which may result from furnishing this information.

\_\_\_\_\_  
Signature of Client (Youth)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Minor  
Child if under age 15

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date