

**STAYIN' ALIVE
YOUTH COUNCIL
YOUTHQUAKE
MEMBERSHIP APPLICATION**

NAME: _____

GENDER: Male _____ Female _____ BIRTHDATE: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF SCHOOL: _____

CURRENT GRADE LEVEL: _____

PARENT(S) NAME: _____

EXTRA-CURRICULAR ACTIVITIES: _____

EMPLOYMENT: _____

REASON FOR WANTING TO JOIN YOUTHQUAKE: _____

YouthQuake is a council of seventh through twelfth grade students opposed to the use of alcohol, tobacco and drugs by teenagers. The Quake Crew does fun and exciting activities to strengthen the community and to encourage healthful behaviors in teenagers. Students will have many opportunities to attend camps and other leadership conferences. YouthQuake has provided the community with a free movie night, participated in Family Fun Day and Kick Butts Day, sponsored National Night Out, provided a drunk-driving simulator during the 4-H Fair, hosted a guest speaker on tobacco to the junior high and freshman students and will do much more.

Please return completed Membership Application to the Stayin' Alive Office.

**STAYIN' ALIVE YOUTH COUNCIL, *YOUTHQUAKE*,
PARENT PERMISSION FORM**

I give permission for my child, _____, to join Stayin' Alive's Youth Council, (hereinafter referred to as YouthQuake), and to travel to any YouthQuake related events. This permission is granted for the _____ school year.

I understand that at times my child will be traveling in personal cars driven by volunteer adults. With my signature at the bottom of this form, I waive YouthQuake, Stayin' Alive, Inc., Franklin County Local Coordinating Council through the Governor's Commission for a Drug-Free Indiana and any adult volunteers of any liability in the event my child is involved in an accident while participating in YouthQuake's related trip, event or meeting.

By signing this permission form, I also give any of the adult volunteers permission to seek and approve emergency medical treatment for my child while on a YouthQuake trip or actively involved in a YouthQuake function.

Please list any specific medical needs of your child (including diet, medication, allergies):

Signature of Parent or Guardian

Date

Medical Insurance Company and Policy Number

This form must be signed and returned to the YouthQuake advisor in order for your teen to participate.

Please return both forms, the Membership Application and the signed Parent Permission Form, to the Stayin' Alive Office.