

City of Rowlett
ROWLETT YOUTH ADVISORY COUNCIL
BOARDS AND COMMISSIONS APPLICATION

(Please Print)

Today's Date:

PERSONAL INFORMATION

Last name:		First Name:	
Street address:		ZIP Code:	Email Address:
Home phone no.:		Cell phone no.:	Emergency phone no.:
DOB:		If under 18, name of legal guardian:	
Length of Residency in Rowlett:		Emergency contact name and relationship to you:	

SCHOOL INFORMATION

High School Grade Level (in August):	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	Name of High School:
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List all clubs and activities you are involved in (Please include any prior City of Rowlett participation):

REASON FOR APPLYING

Please describe your reason for applying for the Rowlett Youth Advisory Council. Please include any particular goals you have for the Youth Advisory Council, and any unique talents, experiences, or interests that would help make you an excellent member:

WAIVER REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE

WAIVER OF LIABILITY

I, _____, hereby attest that I am the parent or legal guardian of the above mentioned minor child, and that I have the legal right to enter into this Agreement of Waiver of Liability. I have read and understand the duties and responsibilities that my child will have as a member of the Rowlett Youth Advisory Council. As such, I hereby give my permission for my child, _____, who is under eighteen (18) years of age, to participate and serve on the Rowlett Youth Advisory Council. As legal guardian, in consideration of accepting a position for my child on a Board and/or Commission, I do covenant with the City that I will never at any time, present or future, sue the City for or on account of any claim for damages arising out of my child's participation.

Signature of Parent/Legal Guardian

STATE OF TEXAS
COUNTY OF DALLAS

SUBSCRIBED AND SWORN TO BEFORE ME, this ____ day of _____, 20__ to certified which witnessed my hand and official seal.

Notary Public, State of Texas

My Commission Expires:

(seal)