



APPLICATION
2018 Youth Ambassador Program
Grades 8th - 12th

STUDENT NAME		STUDENT AGE: _____	
Home Address: City/State/Zip		T-shirt _ S _ M _ L _ XXL	
School Name Address City/State/Zip		DATE OF BIRTH ____/____/____	GRADE: _____
STUDENT Home Phone: ()		STUDENT Cell Phone: ()	DISD Student ID
STUDENT Email:			
PARENT NAME(s) (add SPOUSE- if same address)		FATHER'S NAME - MOTHER'S NAME - LAST NAME	
PARENTS Address City/State/Zip			
PARENTS Home Phone ()	FATHER'S Cell Phone ()	MOTHER'S Cell Phone ()	
FATHER'S Email:		MOTHER'S Email:	
FATHER'S Employer Name			
FATHER'S Employer Address City/State/Zip			
Employer Contact Number: ()		EXT.	Work Email :
MOTHER'S Employer Name			
MOTHER'S Employer Address City/State/Zip			
Employer Contact Number ()		EXT.	Work Email:
GUARDIAN/EMERGENCY Contact Name:		EMERGENCY Contact Number: ()	
STUDENT ALLERGIES:		MEDICATION(s) (Monitored and taken daily only):	
DISABILITY:			
Additional Parent Comments: (e.g. special student awards, talents, strengths, weaknesses)			
PARENT Signature: _____ Date: _____			



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Waiver and Release of Liability

I Participant, Parent and or Legal Guardian of a minor, do hereby FOREVER, RELEASE, HOLD HARMLESS, INDEMNIFY AND AGREE TO DEFEND Dickerson Center for Civic Responsibility, Inc. and/or community partners, and persons for whom this Youth Ambassador Program is specifically provided, from any and all claims, demands, liability, suits, actions causes of action, its officers, agents, servants and employees, and persons for whom this camp is specifically provided, from property loss or damage, and/or personal injury including death, sustained by said minor, and particularly for any and all medical or hospital expenses, doctor bills, nurses expenses, drugs or any other damages of any kind or character and any other type of damage which said minor may hereinafter have, arising out of, resulting or in any way connected with the participation by said minor in the Youth Ambassador Program.

I have read this Release of Liability and fully understand its terms and conditions. I have not been influenced to any extent whatsoever by any representation or statements not contained in this Agreement. I hereby acknowledge that the above named minor has my permission and consent to participate in the Youth Ambassador Program.

I also grant permission to use sounds and images of me and my child in photographs, newspaper and or promotional material for the Youth Ambassador Program.

_____	_____	_____	_____
Participant Signature	Date	Parent/Guardian Signature	Date