



# Youth Advisory Council Commitment Agreement



By committing to being a part of the YAC, you will be required to:

- **Spend six hours each month on YAC related activities** (including, but not limited to: monthly meetings, volunteer hours, work on the YAC newsletter, and events and activities run by the YAC)
- Participate in at least **75%** of all **YAC monthly meetings** (held the first Wednesday of each month) and **events**.
- Attend at least **one IVGID Board of Trustees meeting** and **one Citizens Advisory Board meeting** over the course of the school year.
- Meet and present to the IVGID Board of Trustees about YAC activities and programs
- Help to create a **quarterly newsletter** for distribution to all teens in Incline Village/Crystal Bay with YAC activities, events and volunteer opportunities.
- Be a **positive ambassador** for the youth of Incline Village/Crystal Bay to the local community and **present yourself in a professional and responsible manner** when attending YAC meetings, events and activities.

I agree to the commitments outlined above and to abide by the rules agreed upon by the members of the Youth Advisory Council of Incline Village/Crystal Bay. I understand that a violation of the above agreement may subject me to disqualification from the program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# Emergency Contact/Health History



Applicant Name: \_\_\_\_\_

Emergency Contact #1 Name:	
Address, City, State, Zip:	
Home Phone: (       )       -	Cell Phone: (       )       -
Email Address:	

Emergency Contact #2 Name:	
Address, City, State, Zip:	
Home Phone: (       )       -	Cell Phone: (       )       -
Email Address:	

## Please list any:

Allergies \_\_\_\_\_

Pertinent medical conditions \_\_\_\_\_

Dietary restrictions (i.e. vegetarian, lactose intolerant, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Over** →



## Waiver/Parent Permission

I hereby, for myself, for my minor and/or heirs, executors and administrators, RELEASE, HOLD HARMLESS and INDEMNIFY Parks and Recreation, the organizers and/or sponsors of this activity and IVGID, its officers, representatives, agents, trustees and employees from any and all liability for any damages and/or bodily injury, including death, which they may suffer due to my or my minor child's participation in this activity. I understand that anyone participating in any activity/program as indicated above may be exposing himself or herself to the risk of bodily injury or property damage due to the nature of such activities and I agree to assume such risks. It is understood that IVGID personnel will attempt to contact a parent/guardian of a minor, if possible, prior to transporting the minor to a physician or medical facility for emergency treatment. The undersigned grants permission to any licensed physician and/or medical facility for emergency medical care to said participants and consents to such treatment.

## Photo Release

IVGID also has my permission to use photos taken of me or my minor child during my service as a member of the Incline Village General Improvement District Youth Advisory Council for its publications, website and marketing materials. This content and grant of rights is unconditional and without limitation as to time or method of use.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the application, contract, emergency contact form and parent waiver/photo release form to:**

Incline Recreation Center  
980 Incline Way  
Incline Village, NV 89451

**Email to:** [katy\\_washington@ivgid.org](mailto:katy_washington@ivgid.org)

**Fax to:** 775-832-1380

**Or hand deliver to the Recreation Counter at the Incline Recreation Center**