



OXNARD CITY CORPS

Learning Through Work & Service

Youth Membership Application

Date _____

APPLICANT INFORMATION

Youth's Name: _____ Age: _____ Date of Birth: _____
First Last

Name of Parent/Guardian: _____
First Last

Address: _____
Street Address Apartment/Unit

City State ZIP Code

Parent Phone: _____ Parent E-mail: _____ Youth Phone: _____

In addition to the home address, my child has permission to be dropped off at the following locations:

1. _____ Relation to Youth: _____
2. _____ Relation to Youth: _____

EDUCATION

Name of School: _____ Current Grade: _____

Do you have a valid California Driver's License? Yes ___ No ___ If yes, Driver's License _____

Transportation needed to City Corps? Yes ___ No ___

How did you hear about City Corps? Parent ___ School Staff/Administrator ___ Website ___ Social Media ___ Friend ___

Magazine/Recreation Guide ___ Probation ___ Oxnard Police ___ Other (please specify): _____

Why do you want to join City Corps? _____

Do you have any community service experience? _____

I certify that all statements made in this application are true and correct. I agree and understand that any misinformation or omission of information can result in termination from Oxnard City Corps.

DATE

SIGNATURE OF PARENT OR GUARDIAN

Office Use Only:

Start Date:

Note:

MINOR RELEASE FORM AND CONSENT TO TREATMENT
ACTIVITY: CITY CORPS (ACTIVITIES, EVENTS AND FIELD TRIPS).

I, the undersigned, hereby give permission for the above named minor in my custody to participate in the above-described activity ("City Corps") and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury or property damage, which I may have or hereafter accrue to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, the officials, and any involved municipalities or other public entities and their respective agents and employees, from and against any and all liability may arise out of or connected in any way with said minors participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

I further understand that serious accidents occur occasionally during the said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries and/or property damage as a result thereof. Knowing the risks of the said activity, nevertheless, on behalf of said minor child, I hereby agree to assume those risks and to release and hold harmless all of the person entities mentioned above who, through negligence or carelessness might otherwise be liable to me, or my heirs or assigns for damages.

I understand in order for my child to participate in Oxnard City Corps; the above-named participant must adhere to certain dress standards. No sandals, shorts, hanging jewelry, gang affiliated attire, halter/tank tops or any clothing accessory that is not appropriate for the work being done with Oxnard City Corps.

It is further understood and agreed that this waiver, release, and assumption of risk to be binding on my heirs and assignees. I also agree that photographs, pictures, slides, movies, & videos of the minor may be taken in connection with the minor's participation in this activity or event without compensation from the City of Oxnard, California, permittee/sponsor and consent to the use of these photographs, pictures, slides, movies, & videos for any legal purpose.

I agree to accept and abide by the rules and regulations of City Corps.

DATE

SIGNATURE OF PARENT OR GUARDIAN

CONSENT TO TREAT MINOR

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the Oxnard City Corps and their representatives, agents or assignees, when in neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code Number 25.8 for emergency treatment as shall be necessary under the circumstances by any physician licensed under the laws of the State of California.

DATE

SIGNATURE OF PARENT OR GUARDIAN

MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Insurance Co: _____ Type of Coverage: _____

Pertinent Medical History Information (EPILEPSY, DIABETES, ALLERGIES, ETC.):

EMERGENCY CONTACT:

NAME: _____ RELATION: _____ PHONE: _____

(OTHER THAN PARENTS)

NAME: _____ RELATION: _____ PHONE: _____