



YOUTH COUNCIL MEMBERSHIP APPLICATION



Department of Recreation and Parks, 334 Dunhams Corner Road, East Brunswick, NJ 08816
 Tel: 732-390-6797 Fax: 732-390-6818 Email: ebyouthcouncil@eastbrunswick.org Website: www.eastbrunswick.org/EBYouthCouncil

Participant's Name:	Gender (Circle One): Male Female	PLEASE ATTACH YOUR CHILD'S PHOTO HERE <u>DO NOT STAPLE</u> <u>PHOTO IS</u> <u>REQUIRED</u>
Street Address:	Birthdate:	
City/State/Zip:	Cell Phone:	
Current Grade:	School:	
Email:	T-Shirt Size – Circle One: S M L XL XXL	
Hobbies/Interests:		
List any groups, organizations, and/or extra-curricular activities:		

<u>Parent/Guardian(s)</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

Mother/Guardian Email:

Father/Guardian Email:

<u>Emergency Contacts other than Parent</u>	<u>Home Phone</u>	<u>Work Phone</u>	<u>Cell Phone</u>

HEALTH HISTORY

Doctor:	Phone:	Hospital Preference:
If no doctor, please write NONE. If no hospital indicated, your child will be taken to the nearest emergency room.		
Asthma:	YES NO	Is Inhaler Required?: YES NO
Allergies:	MILD SEVERE NONE	Is EPI PEN required?: YES NO
If Yes, please describe:		
Does your child wear (circle all that apply): contact lenses glasses dental appliance		
Does your child have a medical, physical, behavioral condition(s) that we should be aware of:		
If YES, please explain		
Please explain any LIMITATIONS or RESTRICTIONS the participant may have in any activities as we wish to provide the best possible experience for the participant:		

INSURANCE INFORMATION (if NONE, please indicate NONE)

Name of Insured:	DOB of Insured:
Insurance Company:	Policy #:

WAIVER & PERMISSION TO TREAT IN MEDICAL EMERGENCY

I hereby give permission for my child to attend/participate in the East Brunswick Youth Council. In the instance of a medical emergency, I understand that East Brunswick Youth Council will always attempt to contact the parent/guardian first. I hereby give permission to the East Brunswick Youth Council to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for my child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for my child/ward. If there is a change in the above information, I will promptly notify East Brunswick Youth Council. This completed form may be photocopied. I further agree that in the event that my child repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the Township of East Brunswick, its successors and assigns, for any and all loss and damage occasioned thereby. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by East Brunswick Youth Council and the Township of East Brunswick. By participating in these programs I assume my own medical responsibilities. In consideration of your accepting my or my child's entry, I hereby, for myself, my child, our heirs, executors and administrators waive and release any and all rights and claims I or my child may have against the Township of East Brunswick and its representatives, officers, employees, agents, successors and assigns for any and all injuries suffered by myself or my child on any activity sponsored by these groups.

Signature of Parent/Guardian: _____ Date: _____ OVER

EBYC CODE OF BEHAVIOR

In order to ensure a comfortable and enjoyable experience for yourself and others,
it is imperative that you abide by our Code of Behavior.

- No Smoking, alcoholic beverages or illegal substances permitted
- Please do not shout, horseplay or throw any type of debris
- Please do not display any disorderly or disruptive conduct of any nature
- Do not engage in any behavior that could result in physical injury or harm to others
- Maintain and respect school, public, and private property
- Refrain from loud, foul or obscene language or gestures
- Matches and lighters are not permitted
- Youth Council is not responsible for personal belongings
- No explicit lyrics
- Respect your peers, chaperones, and all other people who you may come into contact with when volunteering
- Be punctual when arriving to events. Promptly sign in and out with your chaperone
- Please do not leave an event until your ride home has arrived
- Silence and put away electronic devices at events
- Additional guidelines may be added for trips or special events

PLEASE READ AND COMPLETE THE BELOW QUESTIONS:

- I have read the Code of Behavior outlined by East Brunswick Youth Council.
- I agree to adhere to the Code of Behavior as outlined by the East Brunswick Youth Council. If I fail follow to follow any of the rules, I understand that my membership will be revoked without refund.
- I grant permission for (EBYC member) _____ to be photographed or filmed for or by the EB Youth Council to be used in any medium, including but not limited to, television, newspaper, social media or any promotional materials and programs.
- I understand that the EB Recreation office is open 8:00am – 4:30pm, Monday – Friday. Any emails received outside these hours may not be responded to until the next business day.

Member Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

There is a \$30 yearly membership fee

Make check payable to the Township of East Brunswick

Mail membership application with your payment to:

East Brunswick Youth Council
334 Dunhams Corner Road
East Brunswick, NJ 08816

TOWNSHIP OF EAST BRUNSWICK

PARTICIPATION WAIVER AND RELEASE

In consideration of your accepting my and/or my family member, and/or child(ren)'s entry, I hereby, for myself, my family members, child(ren), our heirs, assignees, executors and administrators waive and release any and all rights and claims I, my family members, or child(ren) may have now or that may come into existence against the Township of East Brunswick ("Township") and its elected and appointed officials, representatives, officers, employees, agents, successors and assigns for any and all injuries or illnesses suffered by myself, my family members, or child(ren) during or in connection with any program, event, or activity sponsored by the Township, including the Township's Department of Recreation and Parks ("Recreation and Parks"), or arising from the use of any of the Township's property or facilities. I UNDERSTAND AND AGREE that this Waiver and Release includes any claims based on the actions, omissions, or sole negligence of the Township of East Brunswick, its elected and appointed officials, its agents, employees and volunteers and others working on behalf of the Township of East Brunswick.

I hereby acknowledge that my registration fee for any Recreation and Parks program or entry fee for any Township property or facility does not include or entitle myself, my family members, or child(ren) to payment of medical expenses that may arise out of mine, my family members, or child(ren)'s participation in any Recreation and Parks program or use of the Township's property or facilities. I acknowledge further that I assume responsibility for myself, my family members, and child(ren)'s medical expenses.

I agree that I, my family members, child(ren), and guests will review and comply with all rules and regulations established by the Township with respect to the use of its property and facilities. I further agree to take full responsibility for ensuring that I, my family members, child(ren), or guests comply with these rules and regulations.

I hereby acknowledge that the East Brunswick Department of Recreation and Parks may / may not (circle one) use myself, my family members or child's photograph or likeness, and mine, my family members, or his/her name(s) in connection with public presentations, advertising, publicity and promotional efforts relating to any Recreation and Parks activities. If one of the preceding options is not circled, it shall be deemed an approval.

In the instance of a medical emergency, I understand that the East Brunswick Recreation and Parks will always attempt to contact the parent/guardian first. I hereby give permission to East Brunswick Recreation and Parks to seek emergency medical treatment including ordering x-rays, routine tests, or to provide or arrange necessary related transportation for myself or child/ward. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization for myself, my family members, or child/ward. If there is a change in the above information, I will promptly notify East Brunswick Recreation and Parks. This completed form may be photocopied. I further agree that in the event that myself or child(ren) repudiates or attempts to repudiate such release, I will personally indemnify and save harmless the Township of East Brunswick, and its elected and appointed officials, representatives, officers, employees, agents, successors and assigns, for any and all loss and damaged occasioned thereby. I further acknowledge that there is no medical insurance coverage included in my registration for any program offered by the East Brunswick Recreation and Parks and entry fee to any Township property or facility. By participating in these programs or using Township property or facilities, I assume my own insurance responsibilities.

This Waiver of Liability and Release includes the waiver of any claims arising out of exposure to or infection with any communicable disease, including the novel coronavirus, COVID-19. COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and may cause serious or life-threatening illness or even death. Current medical



knowledge indicates that it is believed to spread by contact between individuals, contact with contaminated surfaces, and even through the air. It is believed that an individual can be infected with COVID-19 without their knowledge and be asymptomatic. The Township of East Brunswick cannot guarantee that I, my family members, or child(ren), or anyone else, will not become infected with COVID-19. Participation in any Township program, event, or activity, or use of the Township's property or facilities could increase the risk of contracting COVID-19.

By signing this agreement, I agree that I have reviewed the guidelines published by the New Jersey Department of Health and Centers for Disease Control and Prevention, as well as the Executive Orders of Governor Philip Murphy, including Executive Order #149 and all amendments thereto, regarding COVID-19 and the use of municipal facilities and the participation in municipal activities. I agree that I have reviewed the requirements with my family members and child(ren) and agree that myself and my minor child(ren) will abide by same while participating in Township programs, events, activities, and while using Township property and facilities. In the event that I bring any family members or guests to any Township program, event, activity, property, or facility, I agree that I have advised them of the risks associated with COVID-19 and have advised them that they are required to abide by the aforementioned health guidelines. I further agree to take full responsibility for ensuring that these family members or guests comply with these health guidelines and all rules and regulations established by the Township with respect to the use of its property and facilities, whether related to COVID-19, safety, or otherwise.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and VOLUNTARILY ASSUME THE RISK that myself, my minor child(ren), my unborn child, my family members, and my guests, may be exposed to or infected by COVID-19 by participating in a Township program, event, or activity, or through use of the Township's property or facilities, and that such exposure or infection may result in personal injury, illness, permanent disability, or death to myself, my minor child(ren), or unborn child. I understand that the risk of becoming exposed to or infected by COVID-19 at a Township program, event, activity, or facility, may result from the actions, omissions, or negligence of myself or others, including, but not limited to, the Township of East Brunswick's elected and appointed officials, agents, employees, volunteers, guests, and program participants. I have read and understand the above warning concerning COVID-19. I UNDERSTAND AND VOLUNTARILY ACCEPT AND ASSUME ALL the foregoing risks related to COVID-19 for myself and/or my child(ren), my unborn child, my family members, and my guests, and accept sole responsibility for any injury, illness, disability, or death that may occur.

I HAVE READ THIS WAIVER OF LIABILITY AND RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP MY RIGHT TO FILE A CLAIM/LAWSUIT, AND VOLUNTARILY AND KNOWINGLY AGREE TO THE TERMS HEREIN.

Participant's Name: _____

Address: _____

Name of Parent/Guardian: _____

Guests' Name(s): _____

Signature of Participant or Participant's Parent/Guardian:

Date: _____