# Young Leaders of Orange County (YLOC) Registration Form

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| NAME: | Gender: M F |
| School : | Grade: |
| Address: | |
| Have you ever been suspended or expelled from school? No\_\_\_\_\_\_\_\_\_\_ Yes\_\_\_\_\_\_\_\_\_  If yes, please explain; | |
| Cell Phone: | Home Phone: |
| Email Address: | |
| Father’s Name: | Mother’s Name: |
| Parent’s Cell Phone: | Parent’s email: |
| Annual Membership Fee: $50 |  |

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby , wish to become a member of YLOC and participate in all activities and volunteer opportunities. I certify that the information provided above is true and correct and have been given voluntarily. I release YLOC from any liability and responsibility associated with all activities related to YLOC.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* By signing below, I allow my child to become a member of YLOC and acknowledge that there will be duties (i.e. supervising a volunteer session, etc.) as a YLOC parent along with the duties of my YLOC student(s).

Parent/Guardian Name & Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_