



Member Enrollment Form 2019-2020



SAINT LOUIS COUNTY
MINNESOTA

www.yiamn.org

YIA promotes youth leadership to its highest level and asks youth to make a difference in the lives of others

Please return this form to:

St. Louis County Extension Office
Virginia GSC
201 S. 3rd Ave. W.
Virginia, MN 55792
YIA 218-471-7598 or
Main 218-749-7120
Fax: 218-749-0698

OR

St. Louis County Extension Office
A.P. Cook Building
2503 Rice Lake Road
Duluth, MN 55811
YIA 218-733-2871 or
Main 218-733-2870

YIA@stlouiscountymn.gov

APPLICANT INFORMATION *Required Fields

*Last Name	*First Name	*Middle Name
*Email	*Primary Phone	Cell Phone
*Mailing Address		*City, State, ZIP
*Date of Birth		*Gender
*High School		*Graduation Year

PARENT/GUARDIAN 1 *Required Fields

*First and Last Name		
Address		
Relationship	Work Phone	Cell Phone

PARENT/GUARDIAN 2

First and Last Name		
Address		
Relationship	Work Phone	Cell Phone

EMERGENCY CONTACT & HEALTH INFORMATION *Required Fields

*First and Last Name	Relationship	
*Primary Phone	Work Phone	Other Phone

*Allergies or reactions to drugs or things in nature? No Yes-Specify below details/explanation including type of allergy/reaction(s), symptoms and treatment:

*Member has a condition that requires medication: Yes No
 If yes was answered, what is the condition? (list) _____
 What is the name of the medication? (list) _____
 Will the medication be in the possession of the member? Yes No
 Is the member capable of self-administering the medication? Yes No

*Date of Member's last Tetanus Immunization – Month/Day/Year

*Does this participant have any health diagnosis that is important for program staff to know in order to maximize participation and ensure safety and well-being? No Yes

This participant has a physical disability, a learning disability, behavioral disorder, and/or mental health diagnosis. Please provide details below:

Physician & Clinic		
Address		Phone
Medical Insurance Company		Policy No.

Name: _____
School: _____

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Code of Conduct. My parent/legal guardian and I have read, discussed, accept, and will abide by the full Youth in Action (YIA) Code of Conduct including the introduction and the statements describing expected behavior. We also understand the infraction(s) of the Code may cause loss of privileges during the event, participation in the event to be terminated, or if sufficiently serious, termination from membership in the YIA program. We also understand that being sent home at my parent/guardian's expenses and/or forfeiture of future YIA trips may also result. We agree to accept the appropriate and logical consequences of my actions. NOTE: The YIA Code of Conduct is also available online at www.yiamn.org or as a printed copy from the St. Louis County Extension Office.

Information & Media Privacy. I understand that some or all of the information requested is private data under the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. This data will be used for programming purposes and given to people responsible for each program. The data may also be disclosed to other persons or entities as required under federal or state law. You may refuse to supply the requested data. However, YIA reserves the right to bar you from participating in YIA activities if you refuse to supply the requested data. By signing this form, I give permission to YIA and its employees or representatives to disclose and use the requested data as explained above and to take photographs, video, or audio footage of me and/or my property for use in any media format now or hereafter known for future educational programs to help promote YIA. I release to YIA all rights to exhibit this work publicly or privately in an educational/promotional format without compensation or additional consideration.

Medical Authorization. If an injury or illness develops during an activity or event, medical care will be provided and I will be notified as soon as possible. I understand that it is my responsibility to provide updates (including changes in health conditions and medical coverage) prior to events in which the above-named member participates. I understand and accept the above statements and further authorize each of the following:

- A. The health history and medical information I have provided is correct and the above-named member has my permission to engage in all program activities as noted. I understand that it is my responsibility to provide updates (including changes in health conditions, medical coverage or activity restrictions) throughout the program year and prior to any events/activities in which the above-named member intends to participate.
- B. If an injury or other medical condition occurs or arises, I grant permission for medical treatment to be obtained for the member and authorize the physician and/or the other medical staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize the release of any medical records necessary for treatment, referral, billing, or insurance purposes.
- D. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians and/or health care unit.

Liability Waiver. I agree that all activities and use of all facilities relating to participation in YIA activities shall be undertaken at the sole risk of the member/family and that St. Louis County, its officers, representatives, agents, employees, leaders, and members of any YIA program shall not be liable for any claims, demands, injuries, damage, actions or causes of action, whatsoever, to me, my family, or my property arising out of or connected with participation in YIA programs/events or the premises where the programs/events occur and I do hereby expressly forever release, discharge, and hold harmless St. Louis County, its officers, representatives, agents, employees, leaders and members of the YIA program from all such claims, demands, injuries, damage to person or property, actions or causes of action, including but not limited to all acts of active or passive negligence on the part of St. Louis, any YIA program, their servants, agents, or employees. I do not, however, release these individuals and entities from liability for intentional, willful, or wanton acts and this release shall not be construed to include such acts.

Equal Opportunity. St. Louis County is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation.

ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY. In consideration of being allowed to participate in activities sponsored by St. Louis County and its related affiliated departments and in consideration for receiving services by St. Louis County, the undersigned:

- 1. Acknowledges and fully understands that the activities may involve risk of serious injury, including permanent disability and death, and severe social and economic losses, which might result from the undersigned's own actions, inactions, or negligence of others, the conditions of the premises, or of any equipment used, and/or of the nature of the activity itself.
- 2. Assumes all of the foregoing risks, whether known or unknown, foreseeable or not foreseeable, and accepts personal liability and responsibility for any damages and injuries to myself as a result of participation in the activities, including permanent disability or death.
- 3. Intending to be legally bound, I hereby do release, waive, discharge, and covenant not to sue St. Louis County and its related affiliated departments and agencies, its officers, directors, and employees all of which are hereinafter referred to as "releases," from any and all liability to myself, my heirs, and/or my next of kin, for any claims, demands, losses, or damages on account of injury, including death, disability, or property damage caused or alleged to be caused in whole or in part by the negligence of releases, or which in any way arises from, or is in connection with my participation and/or involvement in any of the activities and events sponsored or run by St. Louis County.
- 4. Acknowledges and fully understands that the activities involved may also pose a health risk to myself, and I hereby represent that I have consulted with my physician's consent and approval to participate in this activity.
- 5. In the event that I sustain injury or illness while participating in any of the activities, I hereby authorize emergency first-aid, medication, medical treatment or surgery which is deemed appropriate by licensed medical personnel.
- 6. Each year photos are taken of various YIA (Youth in Action) activities. I consent that St. Louis County, Youth in Action, PARTNERS has the right to take photographs or video tape/film my child and use these for educational materials, promotional materials, and web sites. I further consent that my child's name and identity may be revealed therein or by descriptive text or commentary.

THE UNDERSIGNED HAS READ THE WAIVER(S) AND RELEASE(S), UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND WITH THAT UNDERSTANDING, VOLUNTARILY SIGNS NAME.

Signature of Parent(s) or Guardian(s) is required for all who participate.

Member Signature

Date

Parent/Guardian Signature(s)

Date

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ST LOUIS COUNTY IMAGE/LIKENESS RELEASE - Juvenile

I hereby grant to St. Louis County permission to use my or my child's likeness in photographs, video recordings or electronic images in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the organization and will not be returned.

I hereby irrevocably authorize St. Louis County to edit, alter, copy, exhibit, publish or distribute these images for purposes of publicizing the County's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my or my child's likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my or my child's image. I hereby hold harmless and release and forever discharge the County from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name, or if I am under 18, a parent or guardian has signed below.

I have read this release before signing below and I fully understand the contents, meaning and impact of this release.

Child's name (please print)

Birthdate

Parent/Guardian's name (please print)

Daytime phone

Signature

Date