



# 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](mailto:ebyouthcouncil@eastbrunswick.org) Website: [www.eastbrunswick.org/EBYouthCouncil](http://www.eastbrunswick.org/EBYouthCouncil)

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

<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**

<b>Doctor:</b>	<b>Phone:</b>	<b>Hospital Preference:</b>
If no doctor, please write NONE. If no hospital indicated, your child will be taken to the nearest emergency room.		
<b>Asthma:</b>	<b>YES NO</b>	<b>Is Inhaler Required?: YES NO</b>
<b>Allergies:</b>	<b>MILD SEVERE NONE</b>	<b>Is EPI PEN required?: YES NO</b>
If Yes, please describe:		
<b>Does your child wear (circle all that apply): contact lenses glasses dental appliance</b>		
<b>Does your child have a medical, physical, behavioral condition(s) that we should be aware of:</b>		
If YES, please explain		
<b>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:</b>		

**INSURANCE INFORMATION (if NONE, please indicate NONE)**

<b>Name of Insured:</b>	<b>DOB of Insured:</b>
<b>Insurance Company:</b>	<b>Policy #:</b>

**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 \$25 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**