

## Club Officer and Member Application 2024-2025

First Name:	Last Name:	Grade
School:	Student ID:	
Cell Phone #: regarding monthly meetings, a Advisor.	DFY in SCV Club Office activities, and events through either the Res	rs and members will receive communication nind App or Google Docs shared by the Club
club where <u>YOU</u> can help plan skills, utilize your creativity to		
<ul> <li>Attend and assist in or</li> <li>Communicate with the Officer duties.</li> <li>Work with the Club A</li> <li>Club Officers are requ</li> <li>Volunteer for ten hour Advisor.</li> <li>Be respectful of City s</li> <li>Notify the Club Advis two unexcused absen in the club activities.</li> <li>Be a role model and ta</li> <li>Club Officers and members mesecond meeting is to conduct to planning meetings and monthle</li> <li>If you are interested in becomined.</li> </ul>	ampus and encourage your peers to participate ganizing and conducting club meetings, and e Club Advisor and DFY in SCV staff regard dvisor, ASB Director, and ASB Club Officined to attend the Leadership Conference is and submit the Volunteer Service tracking that the peers, and guest speakers. For if you are unable to attend any meetings ces will be dismissed from their Club Offices will be dismissed from their Club Offices twice a month during lunch. The first the activity for the student body. Club Offices activities unless excused by the Club Advisor and DFY in SCV staff regard dvisor, and ASB Club Offices are to attend any meetings and submit the Volunteer Service tracking the student and the student and the student body.	ctivities, and events.  Inding monthly activities, logistics, and Club  Indicers to promote and organize monthly events.  In October.  In October.  In Oglog by Tuesday April 22, 2025, to the Club  In Activities, or events. Club Officers who have  In October.  In Oc
Student Signature	Print Name	Date
for property damage which match Clarita and its elected and appoint treatment of my minor child for further agree to pay any and all agents to videotape and/or digital the City of Santa Clarita as parts	or claims for damages or personal injury, by arise in connection with such activities cointed officials, agents, and employees. As or any and all medical procedures deemed all costs incurred as a result of said treatment atally photograph the adult/minor listed about the said treatment atally photograph the adult/minor listed about the said treatment atally photograph the adult/minor listed about the said treatment atally photograph the adult/minor listed about the said treatment atally photograph the said treatment atally photograph the said treatment at the said t	, I hereby waive, release, and hold harmless including accidental death, as well as from claims or programs, against the Supervisor, City of Santa a parent/legal guardian, I hereby consent to necessary as a result of accident or injury. I at. I authorize the City of Santa Clarita and its ove. I understand that the images may be used by r as part of brochures, or other publications of the priate.

Print Name

Date

Signature of Parent/Guardian