



Club Member Application 2024-2025

First Name: _____ Last Name: _____ Grade _____

School: _____ Student ID: _____

DFY in SCV is a free, school-based drug prevention and education program for youth. The program includes a peer-led club where **YOU** can help plan monthly activities/events that promote a drug-free lifestyle. You can acquire leadership skills, utilize your creativity to plan activities, boost your self-confidence through volunteering, and even add it to your resume/college application.

Club Member Expectations:

- Promote the club on campus and encourage your peers to participate in monthly activities and events.
- Attend and assist in organizing and conducting **ALL** club meetings, activities, and events.
- Communicate with the Club Advisor and DFY in SCV staff regarding monthly activities and logistics.
- Work with the Club Advisor, ASB Director, and ASB Club Officers to promote and organize monthly events.
- Be respectful of City staff, peers, and guest speakers.
- Notify the Club Advisor if you are unable to attend any meetings, activities, or events.
- Be a role model and take responsibility for maintaining your sobriety.

Club members meet **twice a month** during lunch. The first meeting is to plan the monthly activity and the second meeting is to conduct the activity for the student body. **Club members** are expected to attend the planning meetings and month activities unless excused by the Club Advisor.

Once signed, return this form to _____ Room: _____

Student Signature

Print Name

Date

As the parent/legal guardian for _____, I hereby waive, release, and hold harmless from any liability for damages or claims for damages or personal injury, including accidental death, as well as from claims for property damage which may arise in connection with such activities or programs, against the Supervisor, City of Santa Clarita and its elected and appointed officials, agents, and employees. As parent/legal guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I authorize the City of Santa Clarita and its agents to videotape and/or digitally photograph the adult/minor listed above. I understand that the images may be used by the City of Santa Clarita as part of printed materials, video productions or as part of brochures, or other publications of the City or with the media for displays or other uses as the City deems appropriate.

Signature of Parent/Guardian

Print Name

Date