High School
Club Member Waiver
2025-2026

First Name: _____ Last Name: _____ Grade _____

School: _____ Student ID: _____

Mobile Phone #: _____ *DFY in SCV club members will receive communication regarding monthly meetings, activities, and events through either the Remind App or Google Classroom shared by the Club Advisor.*

About DFY in SCV (Drug Free Youth in Santa Clarita Valley)
The Drug Free Youth in Santa Clarita (DFY in SCV) offers a free, school-based drug prevention club for Junior High and High School students in the Santa Clarita Valley. When you join, you become part of a peer-led club that plans monthly events to promote a drug-free lifestyle. You develop leadership skills, use your creativity to organize activities, build self-confidence through volunteering, earn graduation cords or stoles, and enhance your resume or college application. A Club Advisor (teacher) and a City of Santa Clarita Program Specialist co-facilitate the club, attending planning meetings, monthly activities, and events.

Member Expectations
Club members meet twice a month during lunch. During the first meeting, members plan the monthly drug awareness activity. In the second meeting, they lead the activity for the student body. Members attend both planning meetings and monthly activities unless the Club Advisor excuses them. To learn more about what's expected, read the Club Member Expectation handout provided to you or visit www.dfyinscv.com and click on Join the Club.

☐ I acknowledge that I have read and understand the member expectations for this club.

_____ _____ _____
Student Signature Print Name Date

I understand that participation in the Drug-Free Youth in Santa Clarita Valley (DFY in SCV) program is voluntary. By signing below, I consent to my (or my child's) participation in program activities, including monthly meetings and activities, assemblies, volunteer projects, field trips, and leadership events. I acknowledge that these activities may involve ordinary risks, including transportation to events and participation in school or community activities. In consideration of being allowed to participate, I release and hold harmless the City of Santa Clarita and their officials, employees, and agents, from liability for injuries or damages arising from participation, except to the extent caused by their gross negligence or willful misconduct.

☐As parent/legal guardian, I authorize emergency medical treatment for my minor child if deemed necessary and agree to be responsible for any costs incurred.

☐ I give permission for the City of Santa Clarita to photograph or video my child during program activities and to use those images in publications or media. I understand no compensation will be provided.

_____ _____ _____
Signature of Parent/Legal Guardian Print Name Date

_____
Mobile Phone Number