



PO Box 1332 Abiquiu, NM 87510 northernyouthproject@gmail.com

Supporting the Dreams of Northern New Mexico Teens

Membership & Release Form

Member's Name (First, Last) _____

Age _____ D.O.B. _____ School _____

Physical Address _____

City, State, Zip _____

Mailing Address (if different) _____

City, State, Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Email _____

Name of Parent/Legal Guardian _____

Home Phone (if different than member's) (_____) _____

Cell (_____) _____ Work (_____) _____

Email _____

Emergency Contact Name _____

Relationship to member _____ Home Phone (_____) _____

Work Phone (_____) _____ Cell (_____) _____

◇The following are to be initialed by the parent/guardian of the above member, unless the member is 18 years old or older, in which case they need to be initialed by the member

_____ I, hereby grant permission for the above member to participate in all Northern Youth Project (NYP) activities, events, fieldtrips, and fundraisers.

_____ I grant permission for NYP to photograph the above listed member & use the photographs for educational & promotional purposes, with anonymity & for no monetary compensation.

_____ I hereby waive all liability from NYP, it's sponsor Luciente Inc., and any other partnering person or organization, for personal injury, damage of property, or accidental death of the member during any NYP fieldtrips, activities, events, or fundraisers.

_____ I hereby authorize NYP to take the above listed member to a licensed physician or facility for medical treatment in the event of an emergency when neither parent/guardian nor emergency contact can be reached

_____ I hereby authorize any licensed physician or medical treatment center to treat the above listed member in case of an emergency.

Does the member currently take any medication(s) _____ Yes _____ No

If so, please list ALL: _____

Does the member have allergies to any medication(s) _____ Yes _____ No

If so, please list: _____

Does the member have any other allergies (food, etc.) _____ Yes _____ No

If so, please list: _____

Does member have any medical, physical, and/or mental conditions? _____ Yes _____ No

If so, please explain: _____

On behalf of _____ (member's name), I hereby apply for membership to the Northern Youth Project. I have read and completed this application in full to the best of my abilities. I release, waive, and discharge the Northern Youth Project and it's current fiscal sponsor, Luciente, Inc. from any and all liability.

Parent/Guardian Signature (if under 18 yrs.)

Date

Member Signature (Required if 18 yrs. or older)

Date