Established 1967
A Civic Organization
Devoted to the Enhancement of Community Pride

YOUTH MEMBERSHIP (Ages 10-17)

Full Legal Name: _____Birthday: _____ Age:____

E-mail: _____

Address: _____

City: _____ Zip: _____

Cell: _____ T-shirt Size (circle): S M L XL

School: _____

Club Involvement: _____

Graduation Year: _____ Nickname: _____

How did you hear about us?_____

Parental Consent (under 18 years of age)

I hereby allow my child to participate on the Mission Viejo Activities Committee.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Phone: _____email: _____

Waiver and Release

I understand that services are being offered on a voluntary basis without anticipation of financial remuneration. I agree to assume all risks for injuries or death arising out of my participation as a volunteer. I am aware that this is a volunteer assignment which may present risk of injury, death, communicable diseases, illnesses, viruses, or property damage. I agree that the Mission Viejo Activities Committee and all employees, officials, agents, representatives and sureties of the Committee and the City shall NOT be responsible or liable for any injury, damage, loss or expense, and/or property incurred while participating as a volunteer.

Volunteer Signature: _____ Date: _____

Email to: MVAC@cityofmissionviejo.org

Mission Viejo Activities Committee, 24932 Veterans Way, Mission Viejo, CA 92692

For more information, call the Mission Viejo Activities Committee at (949) 830-7066.

For office Use only: Roster ____ Email ____