



## Scott County Community Foundation Youth Grantmaking Council Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current School: \_\_\_\_\_

Current Year in School: \_\_\_\_\_ Principal: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

*I, the undersigned parent/guardian of \_\_\_\_\_, a minor, do hereby give permission for my son/daughter to participate in the Scott County Community Foundation Youth Grantmaking Council. I release the Scott County Community Foundation staff/volunteers from any claims, loss, cost, damage, or expense arising out of any accident or occurrence causing injury to any person or property during Scott County Community Foundation events. Further, in case of sickness or injury, the adult in charge has my permission to secure medical attention for my child. I also give permission for my child's name and/or picture to be used in media releases regarding the work/projects of the Scott County Community Foundation. Further, I understand that transportation to and from all meetings and events is my responsibility and that the Scott County Community Foundation/Scott County Community Foundation Youth Grantmaking Council will not supply any transportation to or from any meetings or events.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

