



Participation Contract for Teen Council 2018

All members are expected to participate 100% by volunteering and attending Teen Council meetings held on the first and third Tuesday of each month during the school year. The meetings will be held in the conference room, located at 9820 Northcross Center Ct. in Huntersville, unless noted otherwise on the calendar. Meetings begin at 6:30 p.m. and are typically finished by 7:45 p.m

With this contract, please include a personal statement (if this is your first year with the Teen Council) about yourself and your interest in joining the council. Participation Contracts are due before you attend a Teen Council function for the 2017-2018 school year. You may e-mail the contract to: info@sykessteps.com or mail it to 9820 Northcross Center Ct. Suite 188 Huntersville, NC 28078

If you sign up to volunteer for an event, you must attend and participate, arriving prepared and at the scheduled time. If for any unforeseen reason you must be absent, notification must be made 48 hours before the event in order for the chair to replace your position with another Teen Council Member. Any absence is subject to approval by the advisors.

Please Print Clearly

Teen Council Member Printed Name: _____

Teen Council Member Signature: _____

Parent/Guardian Signature: _____

Mailing address: _____ Town: _____

Email address: _____

Shirt Size: Circle One: Small Medium Large X-Large Other _____

Home phone: _____ Cell phone: _____

School: _____ Grade: _____

How did you hear about the Teen Council? _____

Advisors: Jaeda Sykes (Jaeda@sykessteps.com), Jahnia Nicholas (JahniaN@sykessteps.com)

WAIVER: In consideration of the acceptance of this entry, I hereby waive and release Sykes S.T.E.P.S Inc. and any other person associated with this program of all responsibility and liability of any nature whatsoever as it concerns any/all injuries, sickness, or damages incurred from participation. By this enrollment of my child in this program sponsored by Sykes S.T.E.P.S Inc. I certify that I have disclosed to the organization of conditions that may hinder my child's participation in this program. I certify that the above information is full and accurate and understand that any omissions or errors will result in exclusion or expulsion from this program. I certify that I have full legal authority to sign this waiver and make it legally binding and enforceable. I hereby give permission to the above party to use any photographs taken by Sykes S.E.P.S Inc. , their officers, employees or agents, of either me or my child/ren, during participation in this program, workshops/classes or events. I agree such photographs shall be the property of Sykes S.T.E.P.S Inc. and I am not entitled to compensation of any kind for use of such photos.

Parent/Guardian Signature _____ Date _____