



Are you an Alameda County Resident between the ages of 13-24?

Become a Youth UpRising MEMBER today!

Youth UpRising Member Application

First Name: _____ Last Name: _____ Age: _____

Date of Birth: _____ Preferred Name: _____ Primary Language: _____

Cell Phone: _____ Email Address: _____

Address: _____

Parent/Guardian Name: _____ Parent/Guardian Number: _____

Parent/Guardian Email: _____

Current Living Situation

- On my own, With relatives (not foster care), No permanent residence, With my birth parent(s), At a shelter or emergency housing, With my adoptive parents, With my foster parent(s) (unrelated to me), With a friend, With my spouse/partner/boyfriend/girlfriend, In a group home, With my relatives who are also my foster parents

Race

- White, Black/African American, Native Hawaiian or other Pacific, American Indian or Alaska Native, Asian, Hispanic/Latinx, Other, Decline to answer

Sex Assigned at birth

- Male, Female, Intersex

Sexual Orientation

- Queer, Bisexual, Pansexual, Heterosexual (Straight)

Gender Identity

- Male, Female, Transgender, Genderqueer/Non-Binary, Lesbian, Gay, Other, Decline to state

Do you have a disability? If yes, Check a box

- Visual, Auditory, Chronic Health Condition, IEP, Physical/ Mobility, Other, Decline to state





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Educational Information

What is the highest education level you have completed?

- Elementary School
High School Diploma
GED
Some College
Vocational School
Associate's / 2-Year Degree
Bachelor's / 4-Year Degree

Are you currently enrolled in school?

- Yes, middle school or high school. Where are you enrolled?
Yes, college or technical/vocation school. Where are you enrolled?
No

Do you need support in gaining access to resources for any of the following?

- Housing, Food, Clothing, Safety, Education, Medical Services, Mental Health Services, Transportation, Family Support, Legal, Other:

Do you currently have health insurance coverage?

- Yes, Who is your provider? No Decline to answer

Youth Signature

Date Signed:





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Emergency Contact 1

First Name: _____ Last Name: _____

Cell Phone: _____ Email Address: _____

Work/ Additional Number _____ Relationship to you: _____

Emergency Contact 2

First Name: _____ Last Name: _____

Cell Phone: _____ Email Address: _____

Work/ Additional Number _____ Relationship to you: _____

Emergency Contact 3

First Name: _____ Last Name: _____

Cell Phone: _____ Email Address: _____

Work/ Additional Number _____ Relationship to you: _____

After completion of the membership application, we will set up a time for:

- A Youth UpRising Orientation
- Provide proof of age and address
 - School or California ID
 - Birth Certificate



YOUTH UPRISING

MEDIA RELEASE FORM

PERMISSION TO USE PHOTOGRAPHS

Youth Name: _____

I understand the importance of using images and sound recordings of Youth UpRising activities in printed materials, Youth UpRising websites, videos, film, and television broadcasts. Therefore, I give permission for Youth UpRising and their program affiliates to use photographs, video recordings, and voice recordings of me and any children ages seventeen (17) and under for whom I have legal guardianship. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made, shall be the property of Youth UpRising, which shall have the right to publish, reproduce, distribute, and make other users free of all claims on my part.

Youth Signature

Date Signed:

If participant is under 18 parent/guardian signature required

Parent Name

Parent Signature

Date Signed:

PERSONAL + **SYSTEMS** + **COMMUNITY** = **COMMUNITY**
TRANSFORMATION CHANGE DEVELOPMENT TRANSFORMATION



WAIVER OF LIABILITY
Agreement of release and waiver of liability for holistic health services, sports and recreational activities at Youth UpRising.

I, _____, hereby agree to the following:

I am participating in the Health & Wellness Programs, Holistic Health Services, Yoga Classes, or workshops during which I may receive holistic health information, assessment, instruction, or treatment. In Youth UpRising’s Health and Wellness programming, I may participate in a yoga class, sports and recreation activity, or other activities, which I recognize may require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, Holistic Health Services, Sports and Recreation, or workshops that are offered at Youth UpRising. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in yoga class, Holistic Health Services, or Sports and Recreation at Youth UpRising.

In consideration of being permitted to participate in Health and Wellness services, yoga classes, sports, and recreation, or workshops, I knowingly, voluntarily, and expressly waive any claim that I may have against Youth UpRising or contracted providers for injury or damages that I may sustain as a result of participating in the programs offered at Youth UpRising.

I, my heirs, or legal representation forever release, waive, discharge and covenant not to sue Youth UpRising or contracted providers for any injury or death caused by their negligence or other acts

Youth Signature

Date Signed:

If participant is under 18 parent/guardian signature required

Parent Name

Parent Signature

Date Signed: