



AGOURA HILLS/CALABASAS COMMUNITY CENTER

APPLICATION FOR APPOINTMENT

STUDENT MEMBER OF THE JOINT POWERS AUTHORITY BOARD OF DIRECTORS

Name: _____ Age: _____ Date of Birth: _____

Address: _____
City Zip

Telephone Number: _____ Email: _____

School: _____ Grade Level: _____

Civic Affiliations:

Community Interests and Hobbies:

Briefly give a brief statement as to why you are interested in serving on the Joint Powers Authority Board of Directors:

Mothers Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

The undersigned hereby agrees to defend, indemnify, and hold harmless the Agoura Hills/Calabasas Community Center Authority and its officers, employees and agents from and against any and all liability charges and expenses (including attorney's fees) and cost which may arise by reason of participation in any program. (The Authority does not provide accident, medical, liability, worker's compensation insurance or other insurance for program participants). As parent / guardian, I hereby consent to emergency treatment of my minor child as a result of any accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I agree to carefully inspect and satisfy for myself that the facilities provided are reasonably safe for their intended use. Once having conducted the inspection, I agree to expressly assume the risk at the premises. I understand the Authority retains the right to use photos taken during the activity for publicity purposes.

Adult/Parent Signature _____ Date _____

**Return completed form to:
Annemarie H. Flaherty, 27040 Malibu Hills Road, Calabasas, CA, 91301 or fax to 818-880-2953**