



EQA ROOTS & SHOOTS YOUTH BRIGADE MEMBERSHIP FORM

Membership Form

Name of Youth: _____
Last First Middle Initial

Date of Birth (mm/dd/yy) _____ Gender: ___ M ___ F

Address _____ City _____ State _____

Zip Code _____ Telephone _____ Email _____

Grade _____ School _____

Parent/Guardian's Name _____ Telephone _____

Parent/Guardian e-mail address _____

I want to make a real difference in the world today. I agree to comply with all of the rules, regulations and responsibilities of members of the *EQA Roots and Shoots Youth Brigade*.

Youth Signature _____ Date _____

Parental Consent Form

I hereby give my youngster, _____, permission to join and fully participate in the activities of the *EQA Roots and Shoots Youth Brigade*, a community service youth leadership program. I understand that the group meets on Thursday, 3:30 - 5:30 PM at the Eastern Queens Alliance Environmental Science Center at the Park House in Springfield Park located at 146-02 Springfield Boulevard, Springfield Gardens, NY, except on days when schools are closed and that regular attendance is important.

I also understand that some activities may take place in Idlewild Park Preserve, a Forever Wild area within the NYC Department of Parks and Recreation, and as with any of our beautiful, natural areas, I understand that it is important to wear insect repellent to protect against mosquitoes and ticks when necessary. I understand that my child should wear appropriate clothing and use insect repellent for activities in our natural areas. I also understand that other locations might be used depending on the activity. (As a parent, you will be informed if a location other than Idlewild or Springfield Parks is necessary.)

I hereby absolve and hold harmless Eastern Queens Alliance, Inc., its subsidiaries and affiliates, directors, employees and officers from any and all liability for any injuries incurred by my child or ward as a result of his/her participation in the *EQA Roots & Shoots Youth Brigade*. I understand that this consent and liability waiver shall be legally binding upon me, my child or ward, my heirs, estates or assigns.

Parent/Guardian Signature _____ Date _____