

City of Murphy
MURPHY YOUTH ADVISORY COUNCIL
BOARDS AND COMMISSIONS APPLICATION

(Please Print)

Today's Date:					
PERSONAL INFORMATION					
Last name:			First Name:		
Street address:		ZIP Code:	Email Address:		
Home phone no.:		Cell phone no.:	Emergency phone no.:		
DOB:		If under 18, name of both legal guardians:			
Length of Residency in Murphy:		Emergency contact name and relationship to you:			
SCHOOL INFORMATION					
High School Grade Level (in August):	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	Name of High School:
List all clubs and activities you are involved in (Please include any prior City of Murphy participation):					
REASON FOR APPLYING					
Please describe your reason for applying for the Murphy Youth Advisory Council. Please include any particular goals you have for the Youth Advisory Council, and any unique talents, experiences, or interests that would help make you an excellent member:					

WAIVER REQUIRED FOR APPLICANTS UNDER 18 YEARS OF AGE

WAIVER OF LIABILITY

We, _____ and _____ hereby attest that we are the parents or legal guardians of the above mentioned minor child, and that we have the legal right to enter into this Agreement of Waiver of Liability. We have read and understand the duties and responsibilities that our child will have as a member of the Murphy Youth Advisory Council. As such, we hereby give permission for our child, _____, who is under eighteen (18) years of age, to participate and serve on the Murphy Youth Advisory Council. As legal guardians, in consideration of accepting a position for our child to be on a Board and/or Commission, we do covenant with the City that neither of us will ever at any time, present or future, sue the City for or on account of any claim for damages arising out of our child's participation.

Signature of Parent/Legal Guardian

Signature of Parent/Legal Guardian

**STATE OF TEXAS
COUNTY OF DALLAS**

SUBSCRIBED AND SWORN TO BEFORE ME on the ____ day of _____, 20____ by _____ [Name of First Signer].

Notary Public, State of Texas

My Commission Expires:

_____ (seal)

**STATE OF TEXAS
COUNTY OF DALLAS**

SUBSCRIBED AND SWORN TO BEFORE ME on the ____ day of _____, 20____ by _____ [Name of Second Signer].

Notary Public, State of Texas

My Commission Expires:

_____ (seal)