

# Eastern Queens Alliance, Inc.

## Roots and Shoots Youth Leadership Brigade

### Membership/Registration Form

Youth's Name \_\_\_\_\_  
Last First Middle Initial  
Date of Birth (mm/dd/yy) \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Grade \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Grade \_\_\_\_\_ School \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Parent/Guardian e-mail \_\_\_\_\_

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

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Parental Consent/Registration Form

I hereby register and give my child, \_\_\_\_\_, permission to participate in the online *Roots and Shoots Online Youth Leadership Brigade*, meeting online on Thursday afternoons and possibly on other selected days from 4:00 - 5:30 PM. I understand that this is an on-going program and I will be informed about any changes in future scheduling.

I understand that currently the meetings and activities will take place through Google Classroom and a variety of audio, video, chat and social media platforms that facilitate communication, planning and project implementation. I further understand that my child will have access to these platforms beyond our Youth Council scheduled meetings and activities and I accept responsibility for the role that I may have to play in facilitating my child's ability to safely use these platforms.

I understand that to use Google Classroom, my child and I will need to sign up for gmail account.

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 natural areas, I understand that it is important to wear appropriate clothing and use insect repellent for activities in our natural areas. I understand that other locations might also be used depending on the activity or project. (Parents will be informed about those other locations.)

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 or unforeseen negative impacts incurred by my child or ward as a result of his/her participation in the online *EQA Roots and Shoots Youth Leadership 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 \_\_\_\_\_