



**AGOURA HILLS/CALABASAS COMMUNITY CENTER**

**STUDENT MEMBER OF THE JOINT POWERS  
AUTHORITY BOARD OF DIRECTORS**

***APPLICATION***

**Return to: Linda Schroeder, 27040 Malibu Hills Road, Calabasas 91301  
818-880-2953 fax, [linda@ahccc.org](mailto:linda@ahccc.org) email**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

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 (if additional space needed, please attach):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mothers Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ 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 \_\_\_\_\_