



Mailing Address:

Burlington Recreation & Parks
ATTN: Burlington Youth Council
PO Box 1358
Burlington, NC 27216

Street Address:

Thataways Youth Center
1334 Overbrook Road
Burlington, NC 27215
(336) 222-5134

Email Address:

recreation@ci.burlington.nc.us

Web Address:

www.BurlingtonNC.gov/BYC

About the Burlington Youth Center:

As you might know Thataways Youth Center is the home of the Burlington Youth Council (BYC). The BYC is an organization made of young, mature men and women that represent and uphold the responsibilities of being an active member in the youth council. The BYC is dedicated to community service projects and bring youth from all over the county together to help better our community. In the past the BYC has been made of sixth (6th) through twelfth (12th) graders from the Alamance/Burlington School district. Students must attend meetings and community projects regularly and maintain a "C" average on his or her annual report card. Some of the past events and programs that the BYC has been involved with are Adopt-A-Highway, feeding the homeless, Student Government Day, visitations to local area rest homes, and canned food drives.

Burlington Youth Council meetings are held the 1st and 3rd Monday of the month from 6:00pm-7:00pm. There is no membership fee but there may be additional fees for activities or conferences. There is not an electoral process to become a member. All interested students must complete an application packet to become an official member of the Burlington Youth Council.

To become a member of the Burlington Youth Council:

1. Must have an over all grade point average in school of a "C" or better and uphold this grade point average.
2. Must attend middle school or high school in Alamance County.
3. Must be willing to help with volunteer projects and special events through out the year with no compensation.
4. Must attend meetings regularly and attend special projects and events regularly.
5. Must treat others in the Burlington Youth Council and other organizations involved with the Burlington Youth Council with respect.
6. Must present yourself in a positive way at all meetings and have a desire to become involved in special events and projects.

BURLINGTON RECREATION & PARKS DEPARTMENT



Please type or print legibly

Date of Application: _____

Name of Student: _____
(Last) (First) (Middle)

Address: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Mother's Name: _____

Mother's Address: _____

Mother's Employer: _____

Primary Phone: _____ Secondary Phone: _____

Father's Name: _____

Father's Address: _____

Father's Employer: _____

Primary Phone: _____ Secondary Phone: _____

Please list names, addresses, and phone numbers of people who may pick up your child other than the above parents/guardians and also who can be contacted in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Phone: _____ Emergency contact? yes _____ no _____

Name: _____ Relationship: _____

Address: _____

Phone: _____ Emergency contact? yes _____ no _____

Health Information

- 1. Allergies, please list: _____ yes/no
- 2. Heart Disease: _____ yes/no
- 3. Respiratory problems: _____ yes/no
- 4. Nervous disorders: _____ yes/no
- 5. Diabetes: _____ yes/no
- 6. Hyperactivity: _____ yes/no
- 7. List of any medications your child is taking: _____ yes/no

Emergency Permission Form

I give permission to Burlington Recreation and Parks Department staff to authorize emergency treatment and transportation of my child to whatever hospital available.

Child's name: _____

Date: _____ Parent's signature: _____

This form is to be used by the staff only in the case of an emergency and every effort will be made to contact the parent.

Consent and Liability Waiver

I wish for my child to participate in one or more youth council activities offered through Thataways Youth Center. I understand that my child should abide by the rules and regulations of the center. I am also aware that there may be certain inherent risks or accidents associated with various events. I agree to assume all risks involved in participation of such activities. I release the employees, volunteers and agents of the City of Burlington Recreation and Parks Department from any responsibility should an incident happen.

Date: _____ Parent's signature: _____

Emergency Evacuation Plan

In case of an emergency your child will be evacuated to Fairchild Community Center on Graham Hopedale Road – (336) 222-5119.

Date: _____ Parent's signature: _____

Transportation Release

For Any Burlington Youth Council Sponsored Event

- 1. I accept and clearly understand that there are inherent risks involved in transportation and I freely assume those risks.
- 2. I therefore release the City Of Burlington Recreation and Parks Department, Thataways Youth Center and their agents and employees from and all liability for damage and injury to myself or to any person or property. I accept full responsibility for any and all such damage or injury of any kind.
- 3. I have read and fully understand this release form releasing the City of Burlington Recreation and Parks Department, Thataways Youth Center and the employees from any and all liability.

I voluntarily agree to the terms of this agreement

Print participant's name: _____

Signature of participant: _____

Print custodial parent or guardian having legal custody of above participant:

Signature of custodial parent or guardian having legal custody of above participant:

Date agreement was signed: _____

BURLINGTON RECREATION & PARKS DEPARTMENT

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Please type or print legibly

A teacher, advisor or any family member over 21 years of age must complete recommendation.
Applicant's reference must return this form to the applicant.
Applicant is responsible for making sure the application and recommendation are submitted together.

Name of Student: _____
(Last) (First) (Middle)

School: _____ **Grade:** _____

The person named above is an applicant for the Burlington Youth Council. The Burlington Youth Council is aware of the time necessary to prepare this form and greatly appreciates your help. We are looking for youth who will benefit from the BYC and gain leadership skills while performing community service.

Name of Reference: _____

Position/Title/Relationship: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Comments on how you feel the student would benefit/contribute to the Burlington Youth Council.

Please rate the student in the following areas below (check one):

	Well Below Average	Below Average	Average	Above Average	Superior
Dependability					
Responsibility					
Conduct					
Ability to work with others					
Maturity					
Interest in the community					
Leadership concern for others					
Ability to follow directions					

Signature of Reference

Date