

CITY OF COOPER CITY



2016 - 2017 TEEN COUNCIL
PARENTAL CONSENT FORM

As the parent/legal guardian of the minor child, _____,
I hereby grant permission and consent for said child to participate in the Cooper
City Teen Council through the Cooper City Recreation Department. Said
participation to include, but not limited to, attendance at regular and special
meetings of the Teen Council and participation in any special events organized
by said Teen Council or the Cooper City Recreation Department.

I further understand and agree that by my signature, I will not hold the City of
Cooper City or any of its agents or employees acting on behalf of the City
responsible for any accidents or injuries from participation in this program.

Parent/Legal Guardian Signature

Relationship to Minor

Date

CITY OF COOPER CITY CITIZEN RESOURCE SHEET

Residents interested in serving on a City Board or Committee are requested to complete this sheet and mail it to
 P.O. Box 290910, Cooper City, FL 33329-0910
 Or drop it off at the City Clerk's Office at: 9090 SW 50th Place
 (Please Print or Type)

Last	First	MI	Street Address: Zip Code:
Date:			Cellular Phone:
Email:			Home Telephone:
Committee or position of interest to you: Cooper City Teen Council			School Attending:
Please explain why you should be selected to be a member of Cooper City's Teen Council:			Grade in School:
			Civic Experience:
			Special Interests, Hobbies, Talents:
			How long a Resident of Cooper City?
			How long a Resident of Florida?
<p>*Florida Statutes, Section 760.80, requires the City to report the number of Board appointments made each year from each minority and non-minority group. In addition, information must include the number of physically disabled persons appointed to City Boards. Please complete the following information to assist us in providing this information to the Florida Department of State.</p> <p>Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Physically Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Race: African-American <input type="checkbox"/> Asian-American <input type="checkbox"/> Hispanic-American <input type="checkbox"/> Native-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other <input type="checkbox"/></p> <p>*Information submitted to Cooper City via this form becomes public Record</p>			