

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:	Email:	Cellular Phone:	
Parents Phone:	Parents Email:	Home Phone:	
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><small>*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.</small></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><small>*Information submitted to Cooper City via this form becomes public Record</small></p>			

FY _____ 2020 / _____ 2021 _____

CITY OF COOPER CITY



**2020- 2021 TEEN COUNCIL
PARENTAL CONSENT FORM**

As the parent or guardian of a minor child participating in the City of Cooper City (the "City") cultural, sporting, entertainment or other activity or event, or as the parent or guardian of a minor child participating as a user of any City facility, premises, or equipment, I hereby waive any claim against the City and its agents, servants and employees, hereafter arising from injuries to said child, which said injury is sustained while upon said facilities or premises, using such equipment, participating in said activities or being transported therefrom or thereto, regardless of whether such injury is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants or employees of City.

Further, I do covenant to indemnify, hold harmless and defend the said City, its agents, servants and employees from any claim, liability or damages hereafter arising out of any injury to said child, regardless of whether such injury to said child is caused in whole or in part by the negligence of said City or by the negligence of the agents, servants and employees of City.

I hereby give permission for the City to call my child's physician and/or to arrange for emergency service technician response or for transportation to a hospital, in the event of any injury or illness to my child, although I understand that the City assumes no responsibility to do so. I hereby give permission for the City, its agents, servants, employees and contractors to escort my child between City facilities.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Child's Name: _____ Parent or Guardian's Name (Print): _____

Parent or Guardian Signature: _____ Witnessed By: _____

Print/Electronic Media Release

I hereby give my permission to the City of Cooper City to take, use and display photographic or digital images of me or my child, which may be posted on the City's Internet website or forwarded to newspapers and other publications in which the photograph or digital image would be associated with the City of Cooper City, Florida.

READ, UNDERSTOOD AND AGREED TO this _____ day of _____, 20_____.

Participant/Parent/Guardian Signature: _____ Witnessed By: _____