



# 2020-21 NORDC TEEN COUNCIL

## *For Teens. By Teens.*

*Thank you for your interest in the NORDC Teen Council Program! All applicants need to be New Orleans residents aged between 12 and 18 years old.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Teen Cell #: \_\_\_\_\_ Teen Alt : \_\_\_\_\_

Teen Email: \_\_\_\_\_

Please place an "✓" next to your nearest NORDC Rec Center(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Annunciation (Uptown)                       | <input type="checkbox"/> Behrman (Westbank)       |
| <input type="checkbox"/> Cut-Off (Westbank)                          | <input type="checkbox"/> Gernon Brown (Lakeview)  |
| <input type="checkbox"/> Joe W. Brown (N.O. East)                    | <input type="checkbox"/> Lyons (Uptown)           |
| <input type="checkbox"/> Milne (Gentilly)                            | <input type="checkbox"/> Rosenwald (Central City) |
| <input type="checkbox"/> St. Bernard (St. Bernard)                   | <input type="checkbox"/> Sanchez (Lower 9)        |
| <input type="checkbox"/> Stallings St. Claude (9 <sup>th</sup> Ward) | <input type="checkbox"/> Treme (Treme/Downtown)   |

Mail to or drop off at NORDC Administrative Office (5420 Franklin Avenue, New Orleans, LA 70122) or email to [France.Beasley@nola.gov](mailto:France.Beasley@nola.gov).

For additional information please contact France Beasley

504-473-1630 (cell)

504-658-3092 (direct)

504-658-3052 (main)

[France.Beasley@nola.gov](mailto:France.Beasley@nola.gov)

**Consent and Waivers**

I certify that the included information is true and complete to the best of my knowledge. I am aware that certain portions of this information may be subject to disclosure under the Public Information Disclosure Laws. Every participant is expected to follow rules, policies, and procedures, and use common sense and good judgment in order to help make NORDC Teen Programs activities as safe as possible for all participants. By signing here I have acknowledged that I have read the expectations and will follow them.

Teen Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parental Consent for Minor**

I give permission for my child to participate as a member in the NORDC Teen Council and Programming Department and associated activities. I attest that my child is in satisfactory physical and mental health, is physically and mentally, able to engage in volunteer work, and is not a danger to her / himself or others. While it is my understanding that adequate supervision will be provided, I agree that NORDC is not to be held liable in those instances during which injury may occur in spite of normal precautions. I give consent for images and words, written or recorded, of my son/daughter to be used for NORDC promotional purposes. By signing here I have acknowledged that I have read and understand what is asked of my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Email \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**CONFIDENTIAL MEDICAL INFORMATION**

***THIS INFORMATION IS STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED OUTSIDE OF NORDC.***

**Teen Medical Conditions:** Asthma \_\_\_ Anaphylaxis \_\_\_ ADHD \_\_\_ Migraines \_\_\_  
Diabetes \_\_\_

**Teen Allergies:** Fish \_\_\_ Eggs \_\_\_ Dairy \_\_\_ Penicillin \_\_\_ Latex \_\_\_ Nuts \_\_\_ Insects \_\_\_

**Other Medical Conditions/Allergies:** \_\_\_\_\_

**Other things we should know:** \_\_\_\_\_