Are you an Alameda County Resident between the ages of 13-24?

Become a Youth UpRising member today!

Youth UpRising Member Application

Requirements

☐ Complete copy of the application.
☐ Attend a Youth UpRising Orientation. (Monday – Thursday @ 4 PM)
☐ Provide proof of age and address.
   ☐ School ID (with date of birth)
   ☐ Birth Certificate (with a photo ID)
   ☐ California ID or driver’s license
   ☐ Or any combination of documents that show your date of birth, address and photo.
Basic Information

First Name: __________________________________________________________

Last Name: __________________________________________________________

Preferred Name (If different from above): ________________________________

Date of Birth: ______________ Age: ______ Primary Language: ______________

Address: ____________________________________________________________

Phone: ______________________ Email: _______________________________

Parent/Guardian Name: ______________________________________________

Parent/Guardian Phone/Email: ________________________________________

Current Living Situation:

☐ On my own
☐ With my birth parent(s)
☐ With my adoptive parents
☐ With relatives (not foster care)
☐ With my foster parent(s) (unrelated to me)
☐ With my relatives who are also my foster parents

☐ With a friend (not foster care)
☐ With my spouse/partner/boyfriend/girlfriend
☐ In a group home or residential facility
☐ At a shelter or emergency housing
☐ No permanent residence

Race:

☐ American Indian or Alaska Native
☐ Black/African-American
☐ White
☐ Hispanic/Latinx

☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ Other
☐ Decline to answer

Sex Assigned at Birth:

☐ Male
☐ Female
☐ Intersex

Sexual Orientation:

☐ Heterosexual (Straight)
☐ Homosexual (Gay or lesbian)
☐ Bisexual
☐ Queer
☐ Pansexual
☐ Questioning/Unsure
☐ Other: ______________

Gender Identity:

☐ Male
☐ Female
☐ Transgender
☐ Genderqueer/Non-Binary

☐ Other: ______________
Disability Information:
Do you have a disability?
- Yes
  - Difficulty seeing
  - Difficulty hearing
- No
- Decline to answer

Veteran Status
- Yes
- No
- Decline to answer

Educational Information:
What is the highest education level you have completed?
- Elementary School
  - Which grade? __________
- High School Diploma
- GED
- Some College
  - How many years have you completed? __________
- Vocational School
- Associate's/2-Year Degree
- Bachelor's/4-Year Degree

Are you currently enrolled in school?
- Yes, middle school or high school.
  - Where are you enrolled? _________________________________
- Yes, college or technical/vocational school
  - Where are you enrolled? _________________________________
- No

Do you need support in gaining access to resources for any of the following?
- Housing
- Food
- Clothing
- Safety
- Education
- Medical Services
- Mental Health Services
- Other: ______________________
**Do you currently have health insurance coverage?**

- □ Yes
  - □ If yes, who is your provider?: __________________________
- □ No
- □ Decline to answer

---

**Family Information**

Are you a parent?

- □ Yes
- □ No
- □ Pregnant
- □ Unsure

*If yes, how many children do you have?: __________________________
*If yes, are you currently using childcare?: __________________________
*What age(s) are your child(ren)?: __________________________

---

**Emergency Contact**

Emergency Contact 1

Full Name: ________________________________________________________________

Phone Number: ____________________________________________________________

Work/Additional Number/Email: _____________________________________________

Relationship to You: ______________________________________________________

Emergency Contact 2

Full Name: ________________________________________________________________

Phone Number: ____________________________________________________________

Work/Additional Number/Email: _____________________________________________

Relationship to You: ______________________________________________________

---

Signature: _________________________________________________________________

Print Name: __________________________ Date: ______________________________
Waiver of Liability
AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR HOLISTIC HEALTH SERVICES AND SPORTS AND REC ACTIVITIES at YOUTH UPRISING

1. ____________________________, hereby agree to the following:

1. I am participating in the Health and Wellness Programs, Holistic Health Services, yoga classes, or workshops, during which I may receive holistic health information, assessment, instruction or treatment. In Youth UpRising’s Health and Wellness programming, I may participate in a yoga class, sports and recreation activity, or other activities, in which I recognize may require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the yoga classes, Holistic Health Services, sports and recreation, or workshops that are offered at Youth UpRising. I represent and warrant that I am physically fit, and I have no medical condition that would prevent my full participation in yoga classes, Holistic Health Services, or sports and recreation at Youth UpRising.

3. In consideration of being permitted to participate in Health and Wellness services, yoga classes, sports and recreation, or workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Youth UpRising or contracted providers for injury or damages that I may sustain as a result of participating in the programs offered at Youth UpRising.

4. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Youth UpRising or contracted providers for any injury or death caused by their negligence or other acts.

Youth Signature: ______________ Date: _______

If participant is under 18:

Parent/guardian name (printed): ______________________

Parent/guardian signature: ___________________________ Date: ________
Media Release Form

Youth Name: ____________________________

I understand the importance of using images and sound recordings of Youth UpRising activities in printed materials, Youth UpRising websites, videos, film, and television broadcasts. Therefore, I give permission for Youth UpRising and their program affiliates to use photographs, video recordings, and voice recordings of me and any children ages seventeen (17) and under for whom I have legal guardianship. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made, shall be the property of Youth UpRising, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part.

Youth Signature: ____________________________ Date: ________

If participant is under 18:

Parent Name: ____________________________ Signature: ____________________________ Date: ________