

# Topanga Youth Services

*servicing Topanga youths ten through seventeen years old*  
PO Box 652, Topanga, CA 90290 (310)502-3358 www.topangayouthservices.org

## Registration Form

Name(of youth): \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_  
Grade: \_\_\_\_\_  
School: \_\_\_\_\_



Your endorsement and support ensures a program that  
provides a safe and enjoyable environment.

I can volunteer for: (some examples are: supervision, carpooling, tickets, teaching a subject/skill, advertising...)

Allergies or medical information we should know about:

I self-attest that my child is fully vaccinated against COVID-19 and two weeks post the vaccination period.

Emergency phone number and contact:

I authorize my child to participate in the Topanga Youth Services. Should it be necessary for my child to have medical care while participating in TYS events, I hereby give personnel permission to use their judgment in obtaining medical care for the child. I authorize my child to be transported to/from events, and in so doing, I hereby expressly waive and release any and all rights or claims of any nature I may have against TYS, Topanga Community Club and it's members and employees, arising out of, in connection with, or resulting from the activity. I also grant permission to TYS and the Community Development Commission (grant supporter) and waive and release any and all rights or claims of any nature for photographs or media of my child in TYS activities to be used and/or published for TYS and CDC purposes.

### Participant Rules

- ❖ Display appropriate and courteous behavior and language. Try to share ideas and listen to other's ideas. No harmful contact with others or other's possessions. You may be asked to leave without a refund if there is a problem.
- ❖ Stay within boundaries inside community house. Stay off of areas marked by rock hill.
- ❖ Clean up after yourself and help out with cleaning up.
- ❖ Notify with suitable notice if not able to complete project or for the need to miss a rehearsal. If you miss two rehearsals without communications, you will be recast.
- ❖ Be on time.

I have read and agree to the above:

\_\_\_\_\_ participant's signature                      \_\_\_\_\_ parent's signature                      \_\_\_\_\_ date

**This Public Service Self-Certification Form is confidential and mandatory for us from our grant supporter. We will not receive funding if we do not record the following information from our members. Thank you for your support.**

Name: \_\_\_\_\_ / \_\_\_\_\_  
parent's name youth's name

Address: (no PO Box) \_\_\_\_\_

1. Number of People in Household: \_\_\_\_\_

2. Annual household income (from all sources): \_\_\_\_\_

3. Ethnic Background:

**Racial Background**  
 Mark X next to the category that best describes your origin.

**Single Categories**

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**Double Categories**

- American Indian or Alaska Native AND White
- Asian AND White
- Black or African American AND White
- American Indian or Alaskan Native AND Black or African American

**Other** – for individuals not identified above

**Ethnic Background**  
 Mark X next to the category that best describes your ethnicity.

- Yes, Hispanic/Latino
- No, not Hispanic/Latino

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

\_\_\_\_\_  
 Applicant/Parent Signature

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**

|             | <i>House-Extremely Hold Low-Income*</i> | <i>Low-Income*</i>         | <i>Moderate-Income*</i>     | <i>Above Moderate-Income*</i> |
|-------------|---|----------------------------|-----------------------------|-------------------------------|
| <i>Size</i> |   |                            |                             |                               |
| 1           | _____ \$25,050 or less                  | _____ \$25,051 to \$41,700 | _____ \$41,701 to \$66,750  | _____ above \$66,751          |
| 2           | _____ \$28,600 or less                  | _____ \$28,601 to \$47,650 | _____ \$47,651 to \$76,250  | _____ above \$76,251          |
| 3           | _____ \$32,200 or less                  | _____ \$32,201 to \$53,600 | _____ \$53,601 to \$85,800  | _____ above \$85,801          |
| 4           | _____ \$35,750 or less                  | _____ \$35,751 to \$59,550 | _____ \$59,551 to \$95,300  | _____ above \$95,301          |
| 5           | _____ \$38,650 or less                  | _____ \$38,651 to \$64,350 | _____ \$64,351 to \$102,950 | _____ above \$102,951         |
| 6           | _____ \$41,500 or less                  | _____ \$41,501 to \$69,100 | _____ \$69,101 to \$110,550 | _____ above \$110,551         |
| 7           | _____ \$44,350 or less                  | _____ \$44,351 to \$73,850 | _____ \$73,851 to \$118,200 | _____ above \$118,201         |
| 8           | _____ \$47,200 or less                  | _____ \$47,201 to \$78,650 | _____ \$78,651 to \$125,800 | _____ above \$125,801         |

*\*Please see Bulletin No. 22-0011 for comparison of CDBG and HUD terms.*

Census Tracts: 8001.01, 8001.02, 8002.02, 8003.03, 8003.26, 8004.01, 8005.01, 8005.02, 8004.04, 8003.02, 8002.0 Contract Period: 7/1/22-6/30/23 Project Name: Topanga Youth Services

Agency's Approval \_\_\_\_\_

Date \_\_\_\_\_