



LYC

LAREDO YOUTH COUNCIL
CITY OF LAREDO

2021-2022 Membership Application Packet

What is the Laredo Youth Council?

The Laredo Youth Council (LYC) is the voice for high school students across the city of Laredo, representing their high schools and City Council districts. Members of the LYC gain first-hand experience in leadership, government and citizenship.

Who can apply?

Incoming Juniors and Seniors from Laredo high schools are encouraged to apply. Members must also reside in Laredo, Texas.

Responsibilities of LYC Members

As a member of the LYC, students must attend monthly meetings held on the second week of every month. In addition, participation in one LYC service event is required.

Summer Internship Program

All members of the LYC will have the opportunity to intern within City of Laredo departments and learn about city government. Each member is also assigned a mentor to guide them through their internship.



Name: _____ D.O.B.: _____ Class of: '22 '23

Email Address: _____ Telephone Number: _____

High School: _____ GPA: _____ Class Rank: _____

Adult shirt size: Small Medium Large Extra-Large

Home Address: _____ City: _____ Zip code: _____

Parent / Guardian name: _____ Relation: _____

Email Address: _____ Telephone Number: _____

Please list out any extracurricular activities or organizations you currently participate in.

Please list out any volunteer opportunities you currently participate in.

Essay Questions

Please provide well-structured responses to each of the following questions below. Responses must be a minimum of 100 words each. Your responses may also be provided on separate page.

1. What is biggest issue Laredo is facing? How would you address it?
2. Why do you want to join the Laredo Youth Council?
3. What are your goals after high school?

Letter of Recommendation

Please provide a letter of recommendation from teacher/counselor at your school. Letter can be attached to application.

Submit your application via email at kgarza2@ci.laredo.tx.us

Application Deadline: May 21, 2021

City of Laredo Youth Council

REQUEST FOR PARTICIPATION, LIABILITY RELEASE, MEDICAL RELEASE (“RELEASE”)

This Release is executed by _____ (parent/guardian)
for _____ (child/dependent) to the City of Laredo (“City”)
on this _____ day of _____, _____.

I, the undersigned, request that the City of Laredo permit the above-named student to participate in Laredo Youth Council activities sponsored by the City during the 2020-2021 term. I understand that the City is under no obligation to permit the student to participate in the Laredo Youth Council and that the City receives no financial compensation for the student’s participation. I further understand that the Laredo Youth Council will include a wide variety of activities designed to develop leadership skills and knowledge relating to local government and various community and societal issues, including controversial issues. I understand that such activities will include, but not be limited to physical and educational activities with various modes of travel to and from the sites where such activities are conducted. I confirm that I have advised the City of any physical limitations applicable to the student that may restrict participation in physical activities.

In consideration for the City acceptance of the above-named student’s participation in the Laredo Youth Council, I hereby release, discharge, covenant not to sue, agree to indemnify and hold harmless the City of Laredo, and the Laredo Youth Council, their affiliates and sponsors, the owners and operators of the transportation services and the facilities used in connection with the Laredo Youth Council, including but not limited to the City of Laredo and all organizations and agencies providing specific demonstrations, lectures and discussions, meeting places, information and other services utilized by the Laredo Youth Council, all of their respective directors, officers, employees, agents, staff, and volunteers, and elected and appointed officials of the City of Laredo (collectively and individuals, the “releasees”), of and from any and all claims, suits, judgments, liabilities, causes of action, demands, damages, costs, expenses whatsoever, in law, equity or otherwise (collectively and individuals, the “claims”), which I and/or the student may accrue on account of, result from, relate to, or in any way flow or arise out of or in connection with the student’s participation in the Laredo Youth Council, including without limitation, any injury the student sustains as a result thereof, and the negligence and acts of third parties.

I, the undersigned parent/guardian of the above listed minor, hereby give my consent to have a doctor of medicine or dentistry or associated personnel to provide the student with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment should any instances requiring emergency medical

treatment arise. Below on this form I have listed any allergies or medications the student may have and/or use.

I authorize the Laredo Youth Council staff and volunteers to photograph the student in any and all Laredo Youth Council activities. I grant to the City and its assigns the right, title and interest thereto and therein, and the right to control, produce, reproduce, use, edit and copyright and dispose of the same without limitation as to frequency, duration, place, media form, use or purpose, including without limitation, for the purposes of education, promotion, and publicity.

I acknowledge that neither the City or Laredo Youth Council nor any person/entity acting on behalf of or in conjunction with these entities has made any representation, guarantee, warranty or assurance regarding the Laredo Youth Council, its activities, or the staff and volunteers.

The invalidity or unenforceability of any particular provision of this form shall not affect the other provisions hereof, and this form shall be construed in all respects as if such invalid or unenforceable provisions are omitted.

The undersigned has fully read and understand the above and has had all questions answered to his/her satisfaction.

By signing below, I acknowledge that I have read and understand the Release.

IF THE STUDENT IS NOT 18 YEARS OF AGE OR OLDER, THIS RELEASE MUST ALSO BE SIGNED BY THE STUDENT'S PARENT(S) OR LEGAL GUARDIAN.

Date

Date

Date

Emergency Contact (Name/Number): _____

Allergies: _____

Medications: _____