



Teen Impact Membership Application 2025-2026

Contact Information:

Name: Olivia Doyle

Address: 2527 Looking Glass Ct

City, State, Zip Code: 60502

Cell Phone: 331 285 7707

Email Address: Vaggiedrop@gmail.com

School Attending: Granger Middle School

Grade:8 Date of Birth: 10/27/2011

Previous Volunteer Experience:

No

Do you have any hobbies?

Drawing, sawing, cooking, gardening,

Do you have any food allergies or dietary restrictions? If so, please list them:

Kiwi

Shirt Size: **S** M L XL

Emergency Contact:

Name Latisha Doyle

Cell Phone: () _____ - _____

Email: _____

LIABILITY RELEASE: Parent's Initials:TD

Teen's Initial:OD

By signing the above I release Teen Impact any and all liability relating to injuries that may occur during the activities on location. By signing the above, I agree to hold Teen Impact entirely free from any and all liability including financial responsibility for injuries incurred.

COVID-19 AND RISK OF ILLNESS: Parent's Initials:TD

Teen's Initial:OD

I acknowledge participation includes possible exposure to an illness from infectious diseases including but not limited to Covid-19. I hereby knowingly assume the risk of injury, harm and loss associated with participation. I do hereby release Teen Impact its directors and officers from any claim that may hereafter arise with my participation in activities.

PHOTO RELEASE: Parent's Initials:LD

Teen's Initial:OD

I hereby grant permission for Teen Impact to use photographs and/or video of me taken at events and meetings in publications, news releases, online and in other communications related to the mission of Teen Impact.

Agreement and Parent's Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that photos may be taken and published. My parents approve of my Teen Impact membership and have signed below.

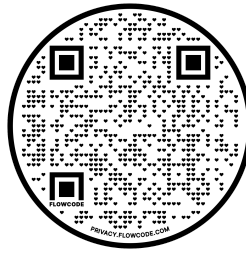
Membership dues \$25 a year (September-August)

Participant's signature: _____

Parent's Name (Printed): _____ Parent's Signature: _____

Date: _____

Click here to visit our website



OFFICE USE ONLY:

Dues Paid: Cash/Check: _____ Credit card: _____ Other: _____ Shirt given: Y/N