



Citizens for Better Community Toastmasters Youth Leadership Program (TYLP)

P.O. Box 1, Fremont, CA 94537 (510) 468-6666

www.cbcsfbay.org

What is Toastmasters Youth Leadership Program?

The Toastmasters Youth Leadership Program (TYLP) is designed under the guideline of Toastmasters curriculum to develop the public speaking and leadership skills of young people to better prepare them to meet the demands and challenges of today's world e.g. project presentation, college interview and job interview.

Who can attend?

Students who are currently enrolled in a Tri-City and Milpitas high school (At least Grade 9 in September, 2009)

Where?

Friends of Children with Special Needs (FCSN)
2300 Peralta Blvd.
Fremont, CA 94536

When?

Date: June 20 - July 25, 2009 (no class on July 4th) total 5 Saturdays
Time: 9:00am – 12:00 noon

How?

- ✓ Read all documents
- ✓ Complete the registration form
- ✓ E-mail the form to cbc_ylp08@yahoo.com.
- ✓ Mail the signed registration form, Waiver and Check to:

CBC Youth Group
44304 Revere Place,
Fremont, CA 94539.



CITIZENS FOR BETTER
COMMUNITY
華人權益服務社

Registration Fee:

\$50 per student for CBC members (Please refer to CBC website for membership form)

\$80 per student for non CBC members

(Materials and snacks are included).

Please make check payable to **CBC**. Fee is nonrefundable, once you are accepted.

Registration deadline:

May 12, 2009 – **Space is Limited**

You must attend at least 4 weeks of the program and make-up class (if miss one class) in order to receive the graduation certificate.

Registration confirmation will be e-mailed back to you before June 1, 2009.



Citizens for Better Community
Toastmasters Youth Leadership Program (TYLP)
Registration form

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PLEASE PRINT CLEARLY:

LAST NAME: _____ FIRST NAME: _____

NAME IN CHINESE: _____ SEX : F ___ M ___

DATE OF BIRTH: (mm/dd/yyyy) _____ HOME PHONE: _____

HOME ADDRESS: Street: _____
City: _____ Zip: _____

HIGH School Name: _____

GRADE (2009-2010): _____

APPLICANT E-MAIL: _____

PARENT E-MAIL: _____

PARTICIPATED IN THIS PROGRAM BEFORE? Yes ___
If yes, circle which year(s): 2005 2006 2007 2008

CBC MEMBER?
Yes ___ the member's name: _____
No ___

CAN PARENTS VOLUNTEER? Yes ___ No ___

If yes, please provide name and phone here:

Name: _____ Phone Number: _____

STUDENT SIGNATURE _____ Date: _____

PARENT SIGNATURE _____



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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN ALL CITIZENS FOR BETTER COMMUNITY (CBC) ACTIVITIES AND/OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activities and/or events in which I may participate, and that it will govern my actions and responsibilities at said activities and/or events.

In consideration of my application and permitting me to participate in CBC activities and/or events, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the activities and/or events, THE FOLLOWING ENTITIES OR PERSONS: "Citizens for Better Community" (CBC) and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in the activities and/or events, whether caused by the negligence of release or otherwise.



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I acknowledge that “Citizens for Better Community” (CBC) and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event and/or activity on behalf of CBC.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at the events and/or activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Date

Participant's Signature



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PARENT/GUARDIAN WAIVER FOR THE MINORS (Under 18 years old) AND CHILDREN UNDER THEIR CONSERVATORSHIP

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activities and/or events, and has agreed individually and on behalf of the child or ward, to the terms of the Accident Waiver and Release of Liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor or ward and the parents or legal guardian.

_____	_____	_____
Print Participant's Name	Age	Date
_____	_____	
Signature of Parent or Guardian	Date	

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