

Please attach a photo of yourself (can be a 'selfie') to help advisors learn names faster. Thanks!



## Teen Advisory Council (TAC) Registration Form (2023 – 2024)

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Student Email (NOT HCPSS Email):** \_\_\_\_\_

**Student Cell Phone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Hispanic/Latino:** Yes No **Gender:** Male Female Other \_\_\_\_\_

**Circle all that apply:** Asian African-American Caucasian Native American/Alaskan

Hawaiian/Pacific Islander

**Briefly explain why you are interested in joining the TAC:**

**Please list any activities you've been involved in (school, sports, community, work). Feel free to use the back of this form or another piece of paper:**

**It is expected that members of the HC DrugFree TAC will do their best to:**

- \* Attend five of the monthly TAC meetings
- \* Participate in discussions at meetings and by e-mail
- \* Attend two HC DrugFree programs each school year (e.g., medication Take Back collections, assisting with Life Skills classes, other educational programs/events)

### Parent/Guardian Information:

**Telephone Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

**Authorization and Release:** I grant permission to HC DrugFree and other media agencies to use any **photograph and video/audio recording** taken of my minor child during activities related to HC DrugFree's TAC, and to use, reproduce, edit, store, distribute, display, transmit, and create derivative works. I hereby waive any rights to inspect or approve the finished photographs, printed materials, video or audio recordings that may be used in connection with them including displaying my child's name. I hereby agree to release, defend and hold harmless HC DrugFree, other media sources and their employees, officers and agents from and against any claims, damages or liability arising from or related to the use of the photographs and video/audio recordings described in this authorization and release. Also, I hereby agree to release HC DrugFree from and against any claims, damages or liability arising from or related to participation on TAC. I am the parent/legal guardian of the minor named above and I on behalf of my child and myself agree to be bound by all the terms and conditions of this release.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature Required:** \_\_\_\_\_

Electronic or ink signatures are acceptable. If Parent/Guardian types their name, then they MUST email the form from the Parent/Guardian email account.

**Please complete and return this form to [Admin@hcdrugfree.org](mailto:Admin@hcdrugfree.org) or mail to HC DrugFree, 5305 Village Center Drive, Suite 206, Wilde Lake Village Center, Columbia, MD 21044.**

**For more information, go to [www.hcdrugfree.org](http://www.hcdrugfree.org) or call HC DrugFree's Executive Director**

**Joan Webb Scornaienchi at 443-325-0040. Don't forget to include a photo to help us learn your name.**

Updated 5-24-2023