

TEEN COURT OF HIGHLANDS COUNTY

MEMBERSHIP APPLICATION

(Please type or print clearly)

SCHOOL YEAR: _____

NAME: _____

DATE OF BIRTH: _____ RACE/SEX _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____ THIS SCHOOL YEAR YOU WILL BE IN _____ GRADE

SCHOOL: _____ GPA: _____

AREAS OF INTEREST:

_____ ATTORNEY _____ JUROR _____ CLERK _____ BAILIFF

I would like to be involved in TEEN COURT because:

AS A TEEN COURT VOLUNTEER I HEREBY COMMIT TO ATTEND FIVE (5) TEEN COURT SESSIONS PER SCHOOL YEAR.

MEMBER WAIVER

I, _____, AS PARENT/GUARDIAN OF:

_____, DO HEREBY AGREE THAT AS A CONDITION OF MY CHILD'S PARTICIPATION IN TEEN COURT, TO HOLD THE TEEN COURT COORDINATOR, CLERK OF THE CIRCUIT COURT, COUNTY OF HIGHLANDS, SCHOOL BOARD OF HIGHLANDS COUNTY, TENTH JUDICIAL CIRCUIT, AND THEIR EMPLOYEES, AGENTS AND THEIR REPRESENTATIVES, HARMLESS FROM ANY AND ALL LIABILITY AND AGAINST ANY AND ALL CLAIMS, OF WHATEVER NATURE AND KIND, WHETHER IT BE FOR INJURY, LOSS OR DAMAGE TO PERSONS, PROPERTY OR OTHERWISE, ARISING OUT OF OR IN CONNECTION WITH TEEN COURT . I HEREBY GIVE MY CHILD PERMISSION TO PARTICIPATE IN TEEN COURT OF HIGHLANDS COUNTY.

PARENT/GUARDIAN

STATE OF FLORIDA
COUNTY OF HIGHLANDS

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____ BY _____
_____ WHO PROVIDED _____ AS IDENTIFICATION OR PERSONALLY
KNOWN TO ME.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

PLEASE RETURN TO:

Mailing:

Teen Court of Highlands County
Highlands County Courthouse,
590 S. Commerce Avenue

Sebring, FL 33870

Or drop by the

Teen Court of Highlands County Office
Highlands County Courthouse, Basement Room 5

430 S. Commerce Avenue, Sebring, FL 33870

Phone: (863) 402-6986

Or

DEPUTY CLERK