

SINAG BLISS YOUTH

Founding Member Sign-Up Form

Pre-registration for UP Bliss residents aged 15 to 30. Under 18? Please also bring the Parent or Guardian Consent Form on page 2.

A. About You

Surname		First name		M.I.	
Birthday (mm/dd/yyyy)		Age		Sex (M/F)	
Gender		Mobile (09XX XXX XXXX)			

House no. and street, UP Bliss	
Email address	
Facebook profile link	
Emergency contact (name and number)	

B. How You Want to Help

- ☐ Interests: ☐ Environment ☐ Tutoring ☐ Sports ☐ Safety / disaster readiness ☐ Arts ☐ Media and design
- ☐ Free on: ☐ Weekday evenings ☐ Saturdays ☐ Sundays
- ☐ Interested in running for officer? ☐ Yes, for: _____ ☐ Maybe ☐ Not now

C. My Agreement

- ☐ I live in UP Bliss and am 15 to 30. I become a **founding member** once I attend the Founding Assembly on **[date]**, and I will follow the Constitution, Code of Conduct and Safeguarding Policy once adopted.
- ☐ I allow Sinag to use my personal data only for its work and for registration with QCYDO and the National Youth Commission, under the Data Privacy Act of 2012.
- ☐ I allow Sinag to post group photos or videos that include me on its official pages. (Leave blank if not.)

Signature over Printed Name

Date

Parent / Guardian signature (if under 18)

Date

For Sinag use: Received by _____ Date _____ ☐ Age checked ☐ Address checked ☐ Consent attached

Parent or Guardian Consent Form

Pahintulot ng Magulang o Tagapag-alaga · For members under 18 / Para sa wala pang 18 taong gulang

Our safety promise / Ang aming pangako: At least two adults at every activity with minors. Activities only in open community spaces and ending by 9:00 PM. No adult alone with a minor. No alcohol, cigarettes or vapes. No photos of your child posted without your "Yes" below. *Laging may dalawang adult sa bawat aktibidad. Sa bukas na lugar lamang at tapos bago mag-9:00 PM. Walang ipo-post na litrato kung walang pahintulot ninyo.*

A. Young Person / Kabataan

Full name / Buong pangalan: _____

Age and birthday / Edad at kaarawan: _____

Address in UP Bliss / Tirahan sa UP Bliss: _____

Allergies or conditions (optional) / Allergy o kondisyon: _____

B. Parent or Guardian / Magulang o Tagapag-alaga

Name and relationship / Pangalan at relasyon: _____

Mobile number / Numero: _____

Emergency contact and who may pick up / Emergency contact at susundo: _____

C. Permission / Pahintulot

- ☐ I allow my child to sign up and join Sinag Bliss Youth and its activities in UP Bliss. *Pinapayagan kong sumali ang aking anak sa Sinag Bliss Youth at sa mga aktibidad nito sa UP Bliss.*
- ☐ My child may go home alone after activities. *Maaaring umuwi nang mag-isa ang aking anak.* ☐ Yes / Oo ☐ No, someone will pick up / Hindi, susunduin
- ☐ In an emergency, Sinag may give first aid and bring my child to the nearest hospital, and will call me right away. *Sa emergency, maaaring magbigay ng first aid ang Sinag at dalhin ang aking anak sa pinakamalapit na ospital, at tatawagan agad ako.*

D. Photos and Videos / Litrato at Video

- ☐ **Yes.** Sinag may post group photos or videos with my child on its official pages, without full name or tag. *Oo. Maaaring i-post sa official pages, nang walang buong pangalan o tag.*
- ☐ **No.** Please do not post photos or videos of my child. *Hindi. Huwag pong i-post.*

E. Personal Data / Personal na Impormasyon

Sinag may use this information only to run the group, keep my child safe, and report to QCYDO and the National Youth Commission, under the Data Privacy Act of 2012. I can ask to see, correct or delete it, and change my photo choice anytime. *Gagamitin lamang ito para sa Sinag, kaligtasan ng aking anak, at ulat sa QCYDO at NYC. Maaari kong hilingin na itama o burahin ito.*

Parent / Guardian signature and name
Lagda at pangalan · Date / Petsa

Young person's signature and name
Lagda at pangalan · Date / Petsa