



BOARD - COMMITTEE APPLICATION

CITY CLERK

MAY 16 2019

CITY of NORTH PORT

Board Preference: North Port Youth Council

Name: Dylan Hubbard Date 5/16/19

Home Address: [Redacted] Zip Code [Redacted]

How long have you lived in North Port? 9.5 years Are you retired? Yes No

**All board appointees shall have resided within the City for a period of one year and residency must be maintained throughout the term of office or a nonresident may serve provided that the person currently owns and has owned real property in the City of North Port for at least one year prior to appointment pursuant to City Code, Chapter 4, Article I, Section 4-3(b)

Home/Cell Phone: [Redacted] E-Mail: [Redacted]

Occupation: Student Business Phone: _____

Name & Address of Employer: N/A

Are you currently serving on a City Board/Committee? No

If yes, which Board? _____

**per City Code, Chapter 4, Article I, Section 4-3(h); Citizens may serve on only Advisory Board or Committee

Do you have any relatives currently serving on a City Board/Committee? No

If yes, which Board? _____

** per City Code, Chapter 4, Article I, Section 4-3(i); relatives shall not serve on the same Advisory Board or Committee.

Educational Background: [Redacted]

Civic Organizations: Sarasota County Sheriff's Office Junior Law Academy, Education Foundation SRQ Hackathon

Three Personal References (Include address and phone number)

1. Michael Hubbard 4934 Cromey RD (631)-561-8519
2. Gail K Luiber 5127 Farmington Ave (941)-775-5389
3. David Griffin 5686 Janus Ave (631)-294-7560

Why do you desire to serve on the above Board/Committee and please list any relative experience, if applicable?

I would like to serve on the Youth Council because I would like to understand local government along with being able to give feedback to the Commissioners.

If you are under 18 or applying for the North Port Youth Council, please indicate your age and the name of the school you currently attend: [Redacted]

Dylan Hubbard
Applicant's Signature



City of North Port
Participation Release, Waiver, and Indemnification Acknowledgment
for Minor Child/Dependent

In consideration of the benefit and experience my minor child/dependent will receive as a participant in the below-described activity provided by the City of North Port, Florida ("City"), I hereby agree as follows:

I, Heather Hubbard, for and on behalf of Dylan Hubbard, who is my minor child/dependent, and their heirs and personal representatives, hereby assume all liability, risks, injuries and hazards to my minor child/dependent incidental to, or as a result of, their participation in the following activity: North Port Youth Council, taking place on the following date: From July 2, 2020 through July 2, 2021.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO
SECTION 744.301 FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE CITY OF NORTH PORT USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF NORTH PORT IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF NORTH PORT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This Release, Waiver, and Indemnification is given as consideration for the City allowing my child/dependent to participate in the above-identified activity and in further consideration of the City not requiring self-funded liability insurance coverage from my child/dependent as a condition precedent to their participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my child's/dependent's participation in the activity, whether due to their negligence or the negligence or intentional acts of others. I acknowledge that, absent this Release, Waiver, and Indemnification, the City would not allow my child/dependent to participate because of unacceptable exposure to civil liability claims or the expense of providing an experience that is risk-free. I have read and understand this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, my child, or my dependent might otherwise be entitled if my child/dependent is hurt or suffers loss during their participation in the activity. I understand that this Release, Waiver, and Indemnification is continuing in nature and applies to all incidents that may occur during my child's/dependent's participation in the activity.

I certify and warrant that my above-named child/dependent is in good physical condition and able to participate in the activity.

I have instructed my child/dependent to obey without hesitation, all directives and instructions of the City's Risk Management Coordinator and any other City personnel, regardless of the City department or location visited while participating in the activity.

**** YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO ITS TERMS AND STATING THAT YOU HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE, AND ARE SIGNING BY YOUR OWN FREE ACT. ****

Heather Hubbard

Parent/Guardian Signature

Dylan Hubbard

Child/Dependent Signature

6/8/2020

Date Signed

Michael Hubbard/Father

Emergency Contact Name/Relationship

Heather Hubbard

Parent/Guardian Name

Dylan Hubbard

Child/Dependent Name

11/15/2003

Child/Dependent Date of Birth

[REDACTED]

Emergency Contact Phone Number



CITY CLERK

JUN 03 2020

CITY of NORTH PORT

BOARD - COMMITTEE APPLICATION
PLEASE INDICATE IF ANY INFORMATION PROVIDED ON THIS APPLICATION IS EXEMPT UNDER FLORIDA STATUTES CHAPTER 119.07

North Port Youth Council

Board Preference: _____

Name: Aidan J. Hubai Date: June 3, 2020

Home Address: _____ Zip Code: _____

How long have you lived in North Port? _____

**All board appointees shall have resided within the City for a period of one year and residency must be maintained throughout the term of office or a nonresident may serve provided that the person currently owns and has owned real property in the City of North Port for at least one year prior to appointment pursuant to City Code, Chapter 4, Article I, Section 4-3(b)

Home/Cell Phone: _____ E-Mail: _____

Occupation: Student Business Phone: N/A

Name & Address of Employer: N/A

Are you currently serving or have you ever served on a City Board/Committee? Yes

If yes, which Board and when? North Port Young Council

**per City Code, Chapter 4, Article I, Section 4-3(h); Citizens may serve only on one Advisory Board or Committee

Were you ever removed from a City Board/Committee due to lack of attendance? No

Do you have any relatives currently serving on the City Board/Committee you are applying for? No
** per City Code, Chapter 4, Article I, Section 4-3(i); relatives shall not serve on the same Advisory Board or Committee.

Educational Background: Currently a student entering high school

Civic Organizations: Young Marines

Why do you desire to serve on the above Board/Committee and please list any relative experience, if applicable?
I want to continue to learn and make a positive impact on my community

If you are under 18 or applying for the North Port Youth Council, please indicate your age and the name of the school you currently attend : _____

Aidan Hubai

Applicant's Signature



City of North Port
Participation Release, Waiver, and Indemnification Acknowledgment
for Minor Child/Dependent

In consideration of the benefit and experience my minor child/dependent will receive as a participant in the below-described activity provided by the City of North Port, Florida ("City"), I hereby agree as follows:

I, Kenna Hubai, for and on behalf of Aidan J Hubai, who is my minor child/dependent, and their heirs and personal representatives, hereby assume all liability, risks, injuries and hazards to my minor child/dependent incidental to, or as a result of, their participation in the following activity: North Port Youth Council, taking place on the following date: From July 2, 2020 through July 2, 2021.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO
SECTION 744.301 FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE CITY OF NORTH PORT USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF NORTH PORT IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF NORTH PORT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This Release, Waiver, and Indemnification is given as consideration for the City allowing my child/dependent to participate in the above-identified activity and in further consideration of the City not requiring self-funded liability insurance coverage from my child/dependent as a condition precedent to their participation in the activity. I freely and voluntarily assume all risk of loss or injury arising from my child's/dependent's participation in the activity, whether due to their negligence or the negligence or intentional acts of others. I acknowledge that, absent this Release, Waiver, and Indemnification, the City would not allow my child/dependent to participate because of unacceptable exposure to civil liability claims or the expense of providing an experience that is risk-free. I have read and understand this document and sign it freely and knowingly, intending that it shall be fully operative and effective in all respects and that it waives legal rights to which I, my child, or my dependent might otherwise be entitled if my child/dependent is hurt or suffers loss during their participation in the activity. I understand that this Release, Waiver, and Indemnification is continuing in nature and applies to all incidents that may occur during my child's/dependent's participation in the activity.

I certify and warrant that my above-named child/dependent is in good physical condition and able to participate in the activity.

I have instructed my child/dependent to obey without hesitation, all directives and instructions of the City's Risk Management Coordinator and any other City personnel, regardless of the City department or location visited while participating in the activity.

**** YOU MUST CAREFULLY READ THIS DOCUMENT BEFORE SIGNING IT. YOU ARE WAIVING OR RELEASING VALUABLE LEGAL RIGHTS. YOU ARE ADVISED TO SEEK THE ADVICE OF AN ATTORNEY IF YOU DO NOT FULLY UNDERSTAND THIS DOCUMENT. BY SIGNING THIS DOCUMENT, YOU ARE AGREEING TO ITS TERMS AND STATING THAT YOU HAVE CAREFULLY READ AND FULLY UNDERSTAND THE ABOVE, AND ARE SIGNING BY YOUR OWN FREE ACT. ****

Kenna Hubai *Kenna Hubai*
Parent/Guardian Signature

Aidan Hubai
Child/Dependent Signature

June 12, 2020
Date Signed

Kenna Hubai/mother
Emergency Contact Name/Relationship

Kenna Hubai
Parent/Guardian Name

Aidan Hubai
Child/Dependent Name

March 7, 2006
Child/Dependent Date of Birth

[REDACTED]
Emergency Contact Phone Number



BOARD - COMMITTEE APPLICATION
PLEASE INDICATE IF ANY INFORMATION PROVIDED ON THIS APPLICATION IS EXEMPT UNDER FLORIDA STATUTES CHAPTER 119.07
CITY of NORTH PORT

Board Preference: North Port Youth Council

Name: Madisyn L. Crites Date 06/03/2020

Home Address: [Redacted] Zip Code [Redacted]

How long have you lived in North Port? 11 years

**All board appointees shall have resided within the City for a period of one year and residency must be maintained throughout the term of office or a nonresident may serve provided that the person currently owns and has owned real property in the City of North Port for at least one year prior to appointment pursuant to City Code, Chapter 4, Article 1, Section 4-3(b)

Home/Cell Phone: [Redacted] E-Mail: [Redacted]

Occupation: Student Business Phone: _____

Name & Address of Employer: N/A

Are you currently serving or have you ever served on a City Board/Committee? Yes

If yes, which Board and when? North Port Youth Council
**per City Code, Chapter 4, Article 1, Section 4-3(h); Citizens may serve only on one Advisory Board or Committee

Were you ever removed from a City Board/Committee due to lack of attendance? No

Do you have any relatives currently serving on the City Board/Committee you are applying for? No
** per City Code, Chapter 4, Article 1, Section 4-3(i); relatives shall not serve on the same Advisory Board or Committee.

Educational Background: Honors and Pre-IB student, and 9th grade Student Government Representative.

Civic Organizations: Boys and Girls Club and Florida Department of Health Volunteer.

Why do you desire to serve on the above Board/Committee and please list any relative experience, if applicable?
To give the City a youths' perspective and ideas on different issues and upcoming events. SWAT, current NP Youth Council member, active Student Government member, Boys and Girls Club volunteer and FDOT volunteer.
If you are under 18 or applying for the North Port Youth Council, please indicate your age and the name of the school you currently attend:

attend: [Redacted]

Madisyn L. Crites
Applicant's Signature



City of North Port
Participation Release, Waiver, and Indemnification Acknowledgment
for Minor Child/Dependent

In consideration of the benefit and experience my minor child/dependent will receive as a participant in the below-described activity provided by the City of North Port, Florida ("City"), I hereby agree as follows:

I, Jennifer Sadonis, for and on behalf of Madisyn Crites, who is my minor child/dependent, and their heirs and personal representatives, hereby assume all liability, risks, injuries and hazards to my minor child/dependent incidental to, or as a result of, their participation in the following activity: North Port Youth Council, taking place on the following date: From July 2, 2020 through July 2, 2021.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO
SECTION 744.301 FLORIDA STATUTES

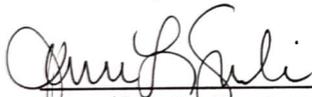
READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF THE CITY OF NORTH PORT USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF NORTH PORT IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF NORTH PORT HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

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I certify and warrant that my above-named child/dependent is in good physical condition and able to participate in the activity.

I have instructed my child/dependent to obey without hesitation, all directives and instructions of the City's Risk Management Coordinator and any other City personnel, regardless of the City department or location visited while participating in the activity.

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Parent/Guardian Signature

Jennifer Sadonis
Parent/Guardian Name

Madisyn L. Crites
Child/Dependent Signature

Madisyn L. Crites
Child/Dependent Name

06/08/2020
Date Signed

09/21/2004
Child/Dependent Date of Birth

Jennifer Sadonis/Mother
Emergency Contact Name/Relationship


Emergency Contact Phone Number

Established by Ordinance No. 2018-63, adopted by the City Commission 02-22-2019 and Ordinance No. 2019-13 adopted 04-23-2019.

The Council consists of 7 to 11 Student Members who have completed 6th grade, attend school within the limits of North Port and represent the following: 1 representative of North Port High School; 1 representative of Imagine High School; 1 representative of Heron Creek Middle School; 1 representative of Imagine Middle School; 1 representative of Woodland Middle School; 1 representative home schoolers and up to 5 at-large members who are residents of North Port. Members serve a one-year term
Meets pm the fourth Monday of each month at 6:00 p.m.
Staff Liaison: Mel Thomas – 429-7029
Email: mthomas@cityofnorthport.com

NORTH PORT YOUTH COUNCIL

<u>TERM EXPIRATION</u>	<u>NAME, ADDRESS & PHONE</u>	<u>EFFECTIVE DATE</u>
11-26-2020	MORGAN SCOTT At-Large Member	11-26-2019
01-28-2021	SARA MCDOUGALL At-Large Member	01-28-2020
03-03-2021	BRIANNA CENTO Heron Creek Middle School Representative	03-03-2020