

"YES WE CAN" COMMUNITY CENTER TEEN FITNESS REGISTRATION FORM

LOCATION _____

DATE ____/____/____

NAME	FIRST _____	LAST _____
ADDRESS	_____ <i>Street Address Apt# City Zip Code</i>	
DATE OF BIRTH/ AGE/GENDER	_____ <i>Month/Day/Year</i>	_____ <i>Age</i>
	MALE: _____ FEMALE: _____	
<i>Grade in School (check one)</i>	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A- Please Explain: _____	
PHONE #S	<i>Home:</i> _____	<i>Cell:</i> _____
EMAIL ADDRESS (THIS IS REQUIRED FOR THE PROGRAM)	_____	
WHICH SCHOOL DO YOU ATTEND?	_____	
HOW DID YOU HEAR ABOUT THE PROGRAM?	_____	

PLEASE COMPLETE THE INFORMATION BELOW WITH ALL CONTACT PEOPLE REQUESTED

1ST PARENT/PRIMARY GUARDIAN'S NAME	_____
WORK & CELL PHONE NUMBERS	_____
EMAIL ADDRESS	_____
2ND PARENT/GUARDIAN'S NAME	_____
WORK & CELL PHONE NUMBERS	_____
EMAIL ADDRESS	_____
EMERGENCY CONTACT <small>(THIS CANNOT BE THE PARENT/GUARDIAN LISTED ABOVE)</small>	_____
RELATIONSHIP	_____
WORK & CELL PHONE NUMBERS	_____

OFFICE USE ONLY:

EMPLOYEE NAME: _____ DATE ENTERED in RECTRAC: _____

STAFF NOTES:

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PARENT CONSENT FORM

I, (print name) _____, give my child consent to participate in the Teen Fitness program conducted by the Town of North Hempstead (TONH) "Yes We Can" Community Center (YWCCC). Please initial each statement below to indicate your permission for the indicated activity. If you wish to deny permission for the activity do not initial. Teen Fitness is not intended to diagnose, treat, cure, or prevent any disease. Before beginning any new exercise program or diet, you should consult your doctor. In particular, if you have any medical condition, including asthma or heart disease, you should consult your doctor prior to participating in Teen Fitness. If you experience a medical emergency, consult with a medical professional. The TONH YWCCC is not responsible for any health problems that may result from any exercise or training programs that you learn of through the TONH YWCCC or Teen Fitness or that you implement with assistance from Teen Fitness.

- _____1. I grant permission for my child to participate in the Teen Fitness program run by the TONH YWCCC.
- _____2. I understand that my child will be participating in a moderate to vigorous exercise program.
- _____3. I hereby certify that I know of no medical problems (except those noted in the Medical History) that would increase my child's risk of illness and injury as a result of participation in the Teen Fitness physical activity program.
- _____4. I grant permission for my child to travel home alone from the Teen Fitness Program.
- _____5. I grant permission to the TONH YWCCC to survey my child in order to evaluate the program. Survey tools may include focus groups and surveys.
- _____6. I allow for Teen Fitness program staff to contact my child by phone, text, or email to follow up on absences and/or to notify them about program requirements, achievements, rewards, and schedule changes.

By signing this consent form I waive the responsibility of the TONH YWCCC if my child should incur any injury due to their negligence. I have also made the TONH YWCCC aware of any medical conditions that may prevent my child from participating in this program.

Child's name (please print)

Child's signature

Parent/guardian name (print)

Parent guardian signature

Date

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PROPER CONDUCT AGREEMENT

CHILD'S LAST NAME: _____ CHILD'S FIRST NAME: _____

The Town of North Hempstead (TONH) "Yes We Can" Community Center (YWCCC) is a safe and secure place where young people learn positive socialization skills, discover new ideas, and are challenged and encouraged to become strong individuals. At the TONH YWCCC we encourage all members to exhibit good sportsmanship in all activities that they participate in.

This Code of Conduct is put in place to guarantee a supportive space for all to enjoy, feel safe and reach their highest potential.

The following list of unacceptable behavior is subject to unilateral change by the TONH YWCCC management at any time and is by no means exhaustive in nature. Nor does this mean that any behavior that is not included on this list, but which is clearly detrimental to the TONH YWCCC, our participants or other staff will be considered acceptable.

1. Mistreatment of other participants, staff or volunteers. This includes staff that do not work with the Teen Fitness program.
2. Racial, ethnic, bias or any other form of harassment in any form towards the public, participants or staff.
3. The damage, loss or destruction of the TONH YWCCC property, or the possessions of staff, volunteers or participants due to a willful or careless act, including graffiti.
4. Theft or dishonesty.
5. Fighting, swearing or abusive language while in the YWCCC or on a trip.
6. Breaking the law of committing an unlawful act in association with the YWCCC.
7. Violation of any commonly acceptable or reasonable rules of responsible conduct.
8. All other rules developed by the YWCCC.
9. Leaving the YWCCC premises without permission or going in to areas where a staff member is not present to monitor the participant's behavior.
10. Refusing to follow check in and check out procedures.

By signing this form below, you acknowledge and agree to the policies laid out in this document and agree to follow and obey them.

Child's name (please print)

Child's signature

I have discussed this form with my child, and he or she knows and agrees to follow all of these rules.

Parent/guardian name (print)

Parent guardian signature

_____/_____/_____
Date

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STANDARD RELEASE AGREEMENT

From time to time, the Town of North Hempstead/Yes We Can Community Center (TONH/YWC) takes pictures or records videos of members and non-members participating in TONH/YWC programs, using its facilities, or attending one of its special events. Additionally, TONH/YWC may permit members of the media (the "Media") to take such pictures or record such videos in order to promote TONH/YWC's mission and for other journalistic purposes.

The individual person named below is signing this Release for the purposes of allowing TONH/YWC and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with TONH/YWC's mission, which includes, but is not limited to, TONH/YWC or the Media publishing such Recordings in newspapers, web sites, and other print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 16, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be photographed, filmed, or otherwise recorded by YWC, its contractors, and the Media, either individually or as part of a group "Recording", which may include my image, likeness, and/or voice. I further agree that my name may be used to identify me as a subject of any "Recordings" featuring my image, likeness, and/or voice.
2. I understand that YWC will own all rights in the "Recordings" of me that YWC or an YWC contractor takes or records ("YWC Recordings"), and that YWC will have the exclusive right to use, or allow others to use, such YWC Recordings in any medium for any purpose consistent with YWC's mission as determined by YWC.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude YWC's or the Media's use of the Recordings as described above.
5. I acknowledge that neither YWC nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Child's name (please print)

Child's signature

Parent/guardian name (print)

Parent guardian signature

Date

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HEALTH INFORMATION & PERMISSION TO TREAT

The purpose of this health record is to provide the Town of North Hempstead (TONH) "Yes We Can" Community Center staff with pertinent information, which will help to serve the needs of this child in middle and high school programs.

PARTICIPANT INFO

First Name _____ Last Name _____

Date of Birth _____ Age _____ Grade in School _____ Gender _____

TONH Facility Where Child Attends Program/s _____

Insurance Provider _____ Insurance # _____ Group # _____

MEDICAL INFORMATION

Allergies (Please Specify) _____

Operations or Serious Injuries (Please include dates) _____

Chronic or Recurring Illnesses: _____

Appliance worn (glasses, contacts, etc.): _____

Special Dietary Restrictions: _____

Medical Conditions: _____

Medications Child is taking (Name them please): _____

Activity Restrictions _____

Other information to share _____

EMERGENCY CONTACT INFORMATION

Home Address: _____ Tel. No. _____

Parent or Guardian 1 Name: _____ Tel. No. _____

Place of Employment _____ Work # _____

Parent or Guardian 2 Name: _____ Tel. No. _____

Place of Employment _____ Work # _____

In Case of Emergency, please notify: _____ Tel. No. _____

If Parent/Guardian are not available in an emergency, please notify:

1. _____ Tel. No. _____

2. _____ Tel. No. _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby authorize the TONH YWCCC Program staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship

Print Name

Signature

Date

Telephone No.