



BOYS & GIRLS CLUBS

OF HARRISONBURG AND
ROCKINGHAM COUNTY

Date Turned In: _____ Date in MTS: _____ Entered by: _____

2020-2021 Teen Center Registration – Simms Club

Teen's Information

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City/County: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: M F School: _____ Grade: _____

Ethnicity: ___ African American ___ Asian ___ Caucasian ___ Hispanic ___ Multi-Racial ___ Middle Eastern
___ Native American ___ Pacific Islander ___ Other **If other, please specify:** _____

Does this child qualify for the free or reduced lunch program? ___ Free ___ Reduced ___ Neither

New Member: Yes No T-shirt size (adult sizes only): _____

Parent/Guardian Information *(This section is for the adults who have primary custody of the teen.)*

Parent/Guardian Name: _____ Cell #: _____ Work #: _____

Email: _____

Relation to teen: _____ Address (if different): _____

Parent/Guardian Name: _____ Cell #: _____ Work #: _____

Email: _____

Relation to teen: _____ Address (if different): _____

In an emergency, which parent/guardian should be contacted first? _____

Household Information *(This information is required for grant purposes **only** and is kept **strictly** confidential.)*

How many residents in the house are 18 years or older? _____ How many under 18? _____ Total #: _____

Annual Household Income: \$_____ Type of housing: ___ Own ___ Public ___ Subsidized

Rent Please check all statements that are true about the teen's household:

___ lives with single parent/guardian (please circle one: mother father)

___ lives w/ both parents or w/ a parent and step-parent (please circle one: step-mom step-dad)

___ lives with legal guardian (please describe relation to teen: _____)

Emergency Contacts/Health Info *(Must be different from the parents/guardians listed above.)*

Contact's Name: _____ Cell #: _____ Work #: _____

Relation to teen: _____ Is this person authorized to pick up the teen? ___ Yes ___ No

Contact's Name: _____ Cell #: _____ Work #: _____

Relation to teen: _____ Is this person authorized to pick up the teen? ___ Yes ___ No

Does your child have any allergies/food intolerances? (list):

_____ Does your child have permission to be given sunscreen from staff when needed? ___ Yes ___ No

*Does your child have any medications they will need to take during club hours?

(list): _____

**If the teen must take regular medications during club hours, parents/guardians should include an official authorization for medication from the teen's physician.*

Teen Center Policies and Rules

Who is eligible to join the Club?

- The teen center is open for students ages 13-18.
- Students over age 18 may join teen center if they are still enrolled in public school.
- **Persons over age 18 who are not enrolled in school may not join teen center.**

Open-Door Policy

- If you do not attend school, then you are not allowed to attend the club that day.
- The Club operates on an **open-door policy** for all members, meaning that members are allowed to come at any time during open club hours. Once the teen leaves the center, they may not return later in the day unless granted special permission from staff. The Club only supervises teens as they remain in the building.
- The Club assumes no responsibility for members who choose not to come on a particular day or who choose to leave early.
- If parents/guardians wish for their child to remain in the club at all times, they must instruct him/her not to leave.
- If parents/guardians do not wish for their child to walk or take the transit home, arrangements should be made to pick up the teen by close (There is a late fee policy).
- If parents/guardians would like notification when a teen leaves the Teen Center, an agreement must be made in writing between the teen, parent/guardian, and Unit Director.

Entering and Exiting Teen Center

- Teens must sign-in using the sign-in sheet on the teen center front desk.
- When leaving, teens should notify a staff member that they are leaving for the day.
- Teens may not return to the Club that day after leaving.
- Teens must remain in areas where teen center staff supervision is present. Teens may not loiter in hallways or in unattended areas of the Simms building.

Membership and Fees

- Membership for the Club lasts for one school year and following summer.
- Returning members will submit new forms at the beginning of the school year.

Club Hours

- The Club hours are determined based on need for the 2020-2021 fall academic year.
- If Harrisonburg City Public Schools are closed for weather, the Club is closed as well.

By signing below, the parent/guardian and teenager both acknowledge understanding of teen center eligibility, the open-door policy, membership, fees, and club hours.

Parent/Guardian Signature

Teen Signature

Prohibited Behaviors

- Profanity/Inappropriate Language
- Bullying/Harassment
- Violent Behaviors
- Defiant or Disrespectful Behaviors
- Possession of Tobacco
- Possession of Illegal Substances
- Possession of Weapons
- Vandalism and Theft

Discipline Policy

Warnings

Teens are expected to follow Club rules. They will get ONE WARNING when they are behaving inappropriately. If they continue to act out, they will be given the option to make-up for their behavior through community service to the club that day or other alternative restorative practices. If the teen does not wish to perform community service, he or she will be suspended for the remainder of the day. If a suspension occurs after 5:00 PM, the teen will be suspended for the following day as well. Parents will be contacted in the event of a suspension.

If a teen has been suspended multiple times and continues to have behavioral issues, a longer suspension will be issued. In these cases, parents will be notified of the date that the teen is allowed to return to the center.

Automatic Suspension

An extreme behavior that will result in automatic suspension with no warning. If a teen's behavior is extremely inappropriate, he or she will be sent home for the day and additional days may be added depending on the severity of the behavior. Once again, if a suspension occurs after 5:00 PM, the teen will be suspended for the following day as well.

Automatic Suspension will be given for:

- Hate speech, sexual harassment, or extreme/repetitive instances of bullying
- Threats of violence or serious physical fights such as fist fights
- Second instance of possession of tobacco or cigarettes
- Possession of weapons on club property
- Use of tobacco or cigarettes on club property

- Attending the club under the influence of drugs or alcohol
- Vandalism or purposeful damage of property
- Theft of a member's property or Club property

By signing below, the parent/guardian and teenager both acknowledge understanding of the teen center's Prohibited Behaviors and Discipline Policy.

Parent/Guardian Signature

Teen Signature

Boys & Girls Clubs of Harrisonburg and Rockingham Co. (BGCHR) Agreements

Yes ___ No ___ I give permission for my child to be photographed, videotaped, and/or interviewed for us by the BGCHR and the BGCA in productions, marketing, training services, and other similar purposes. I understand that my child will receive no compensation or consideration for the release, and that I can revoke this right in the future in writing.

Yes ___ No ___ I give permission for BGCHR to access my child's teachers, grades, report cards, and SOL scores for programs related to education.

Yes ___ No ___ I give permission for my child to participate in Boys and Girls Club related surveys. This will include surveys related to programs as well as the National Youth Outcomes Initiative survey.

Yes ___ If my son or daughter needs to be picked up due to illness, injury, or suspension, I will pick up my child or arrange to have them picked up within 30 minutes.

Yes ___ I understand that the Club, its employees and agents shall not be responsible/legally liable for losses of personal property or for bodily injury incurred by the member while at the Club or on field trip.

Yes ___ I give my consent to have Club personnel, a physician, an EMT or hospital administer emergency medical treatment in case of sudden illness or injury while participating in BGCHR programs. I understand that all reasonable efforts will be made to contact me in the event of such an emergency.

Yes ___ I agree to voluntarily withdraw my teen from the program if there are persistent disciplinary problems which cannot be resolved through reasonable efforts of the staff.

Yes ___ I agree to pay for any damage to the building and/or equipment used or owned by BGCHR which is caused by my teen, other than times which are clearly the result of an unavoidable accident.

Yes ___ I agree that my teen may accompany BGCHR staff on short, small group field trips within the neighborhood by walking without formal notification.

Yes ___ I understand that I will be asked to pay for the cost of fields trips for my teen.

Yes ___ I give permission for BGCHR to receive and/or release pertinent information from and/or to schools, social services agencies, mental health providers, and other related agencies concerning my child. I understand that this information will be used with discretion and as an aid in determining appropriate programs for my teen.

Disclaimer: The Boys and Girls Clubs of Harrisonburg and Rockingham County (BGCHR) are not responsible or liable in any way in the event of harm or injury occurring to the member. It is agreed that the parent or guardian will not hold BGCHR responsible for the welfare or whereabouts of the member. If the parent or guardian does file a complaint against the Club, the parent or guardian agrees to pay for

BGCHR legal fees. I hereby give permission for my child to become a member of BGCHR. I certify that I am the child’s guardian and have full power, right, and authority to enter into this release on behalf of the child and understand all its terms and provisions.

Parent/Guardian Printed Name

Parent/Guardian Signature



Yearly Field Trip, Activity, and Event Permission Form 2020-2021

I, _____ do hereby give permission for

(Print Name of Parent/Guardian

_____ to attend and/or participate in any and all

(Print Name of Child/Participant

field trips, activities, events, and programs sponsored by the Boys & Girls Clubs of Harrisonburg and Rockingham County, beginning 8/31/20 and ending 8/30/21.

*Please note that while attending all field trips, activities, events, and programs, normal Teen Center policies, rules, prohibited behaviors, discipline policies, and information releases will be enforced as laid out in the Teen Center Registration Application. The Teen Center Registration Application is first required to be completed by the member and parent/guardian before this form will be considered valid.

*Please contact the Boys & Girls Clubs of Harrisonburg and Rockingham County with any questions or concerns at 540-434-6060.

(Signature of Parent/Guardian and Date)_____

Child's Name:

I GIVE permission for Boys & Girls Clubs of Harrisonburg and Rockingham County to publish photographs and video footage that include my child (This includes TV, Newspapers and Facebook).

I DO NOT give permission for Boys & Girls Clubs of Harrisonburg and Rockingham County to publish photographs and video footage that include my child.

Parent Signature _____

Date _____

The following information is **required** by our funding agencies. We can not process your child's application without this completed form. We recognize that the information is personal, so we pledge the following:

Demographic Information

- **In order for your application to be complete, you should fill out the information below.**

- **All information given on this form is kept strictly confidential.**

- **It is published only in the form of statistics for reports and grants purposes.** For example, "47% of members live in families with 2 or more children" or "72% of members qualify for free and reduced lunch."

Child's Name _____

Ethnicity ___ African American ___ Asian ___ Hispanic ___ Other
 ___ Multi-Racial ___ Native American ___ Caucasian

Household ___ lives with single parent (___ Mother or ___ Father)
 ___ lives with both parents
 ___ lives with legal guardian
 ___ has one or more handicapped family members
 ___ family member in the household that receives food stamps

Number of people living in household Number of Siblings _____
 Number of Adults _____

Household Annual income \$ _____ per year **Do you receive Anthem Medicaid** _____
Housing ___ own ___ rent ___ public housing ___ subsidized housing

Your child will not be considered for membership until we have received ALL information in the application.

I have read and understood ALL agreements with Boys & Girls Clubs.

Parent or Guardian's Signature

Date

FOR OFFICIAL USE ONLY

Director's Signature: _____ Date: _____

Date Enrolled: _____ Date of First Attendance: _____

Orientation Completed by: _____ Date: _____

Date Withdrawn: _____ Last attendance date, if different _____

Reason for being withdrawn: _____