



SANTA BARBARA POLICE ACTIVITIES LEAGUE

TWELVE35 TEEN CENTER PARTICIPATION FORM

"Partnership for the Future"

OFFICE USE ONLY:

Date:

Initials:

PARTICIPANT INFORMATION

First Name	Last Name	Age	
Sex	Date of Birth	School Attending	Current Grade
Allergies or Medications			
Physical limitations			
Physician's Name		Number	

ADULT INFORMATION

Parent/Guardian (Primary Contact)					
First Name	Last Name			Relationship to Participant	
Address	City	State	Zip Code		
Home Number	Work Number		Cell Phone Number		
Email Address					
Primary Language		<input type="checkbox"/> English	<input type="checkbox"/> Spanish		
Ethnicity (for office statistics only)					
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other

IN CASE OF EMERGENCY

First Name	Last Name	Relationship to Participant
Home Number	Work Number	Cell Number
Primary Language:		<input type="checkbox"/> English <input type="checkbox"/> Spanish

FINANCIAL INFORMATION

Are you a single parent?	YES	NO
Do you receive government help? (For example: Welfare, Medi-Cal, SDI, AFDC, o SI)	YES	NO
Does the participant receive free or reduced lunch at school?	YES	NO
Number of people in your household? (Please include all members living in your home)	Family size	Monthly Income

GUIDELINES

The Teen Center is an after-school program for youth ages 11-19. The Teen Center is not a licensed childcare provider. The Teen Center prides itself in operating and maintaining a safe and fun place for your son/daughter. The following have been established to ensure the safety of all registered participants.

- ° All members will be required to sign-in with a staff member upon arrival at the Teen Center.
- ° Alcohol, cigarettes, drugs, and weapons are prohibited at the Teen Center and during all Teen Center sponsored events. Students may be expelled from the program for possession of the mentioned items, parents and police will be notified.
- ° Any member exhibiting inappropriate behavior at the Teen Center will be given a verbal warning and parent/guardian will be notified. If after the verbal warning the inappropriate behavior continues, the member may be suspended or expelled from the program.
- ° Members are financially responsible for damage to any materials or supplies borrowed from the Teen Center.
- ° No food or drinks are allowed in the Computer Lab, Living Room area without staff permission.
- ° Shirts and shoes are required at all times.
- ° Members may not ride any skateboard, bike or scooter that does not belong to them.
- ° Members are encouraged not to bring large amounts of money or valuable items such as PSPs, IPODs, CD players etc. to the Teen Center. The Teen Center is not responsible if these items are lost, stolen or damaged.

DISCIPLINE

Minor incidents include but are not limited to:

- Foul language &/or rude behavior
- Running &/or yelling Indoors
- Rough play with equipment
- Littering
- Eating or drinking in restricted areas
- Talking back &/or putdowns
- Inappropriate physical contact

Step 1 Verbal Warning

Step 2 Loss of privileges (video games, karaoke, studio, computer lab or ability to attend field trips &/or activities) for the day or a period of days.

Step 3 Dismissal from the program for the day. Parent/Guardian will be notified and expected to pick up their child. A parent conference (either in person or by phone) is required for member to return to Teen Center

Major incidents include but are not limited to:

- Violence
- Stealing
- Vandalism
- Leaving w/o permission (Night activities)
- Drug or Alcohol use
- Racial/ethnic/religious epithets
- Ongoing minor infractions
- Sexual harassment

Step 1 Parental notification and conference and depending on severity, any combination of the following:

- Loss of privileges (video games, karaoke, studio, computer lab or ability to attend field trips &/or activities) for the day or a period of days.
- Dismissal from the program for the day or period of days.
- Police involvement
- Expulsion from program

I, the participant understand and agree to the abide by the above stated guidelines and understand the discipline that may occur if fail to follow these guidelines.

Participant Signature _____

Date _____

EQUIPMENT PERMISSION

I, the parent/guardian of _____ give permission to my son/daughter to use the following:

Please INITIAL and CHECK all that you are allowing your child to use.

Computer Lab _____ Video Games _____ Recording Studio _____

I allow my son/daughter to visit the following websites:

MySpace FaceBook Twitter Other Networking Sites

VIDEO/PHOTO RELEASE

I understand that during the Santa Barbara Police Activities League program and/or activity, my photograph and/or the photograph of my child may be taken by the Santa Barbara Police Activities League, producers, sponsors, organizer, and/or assigns. I agree that my photograph and/or the photograph of my child, including video photography, film photography, or other reproduction of my likeness or the likeness of my child, may be used without charge by the Santa Barbara Police Activities League, producers, sponsors, organizers and/or it's assigns for such purposed as they deem appropriate.

AUTHORIZATION TO TREAT A MINOR

I, the parent or legal guardian, of the child listed above, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the State of California Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. Further, I understand my child will be participating in inherently dangerous activities and agree to pay for my child's medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can not be reached. This authorization is given pursuant to the provisions of the California Civil Code.

RELEASE FROM LIABILITY

In consideration of the acceptance of the application of my child, as a participant in any programs and/or activities of the Santa Barbara Police Activities League and its member chapters, I and my child hereby agree to assume all risks attendant upon myself and my child while participating in any Santa Barbara Police Activities League programs and/or activities. I and my child hereby waive, release, and discharge any and all claims for damages for death, personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in the Santa Barbara Police Activities League program or activity. I agree to indemnify and hold harmless from liability the Santa Barbara Police Activities League, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury, or damages, to persons or property which I or my child may suffer while participating in the Santa Barbara Police Activities League program and/or activity. This release is intended to discharge in advance the Santa Barbara Police Activities League, its member chapters and/or any of their agents, servants, or employees by reason of any accident, death, injury or damages to persons or property which I or my child may suffer, from and against any and all liability arising out of or connected in any way with my or my child's participation in the Santa Barbara Police Activities League program and/or activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns, and the heirs and assigns of my child. I agree to assume all responsibility for any property damage or injury to any person caused by me or my child while participating in the Santa Barbara Police Activities League program and/or activity.

I have read, understand and approve the **GUIDELINES, DISCIPLINE, EQUIPMENT PERMISSION, AUTHORIZATION TO TREAT A MINOR, RELEASE FROM LIABILITY** and the **VIDEO-PHOTO RELEASE**.

Print Name of Parent/Guardian _____

Parent/Guardian Signature _____

Date _____