

Office Use Only

Date Received: \_\_\_\_\_  
Age: \_\_\_\_\_  
School: \_\_\_\_\_

Teen Center  
09 Application

**RICHMOND TEEN CENTER APPLICATION**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_ Shirt Size \_\_\_\_\_

NAME OF PARENTS/GUARDIAN \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF SCHOOL CHILD ATTENDS (PRESENTLY): \_\_\_\_\_ Grade: \_\_\_\_\_

DO YOU QUALIFY FOR FREE/REDUCED LUNCH Y / N

DO YOU NEED TRANSPORTATION TO THE CENTER? Y / N

DO YOU NEED TRANSPORTATION HOME FROM THE TEEN CENTER Y / N

WHAT IS YOUR RACE\*? Hispanic/Latino \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

*\*Not a required answer. This information will be used for statistical purposes when applying for grants.*

NAME AND PHONE NUMBER AND RELATION OF PERSON TO CALL IN CASE OF EMERGENCY:

1. \_\_\_\_\_

2. \_\_\_\_\_

**CODE OF CONDUCT** - Please have *participant* sign.

I, \_\_\_\_\_, promise to use good language, obey the Teen Center Rules, respect property, other people and to obey the Teen Center Staff.

**PERMISSION TO PARTICIPATE**

I give my child \_\_\_\_\_ permission to participate in activities offered by the Richmond Teen Center. I hereby agree and consent that the Richmond Parks & Recreation Department, it's Board members, the City of Richmond and it's employees, Eastern Kentucky University and all partners who help to run the Teen Center are released and forever acquitted from all or any claims or liability for damages for an injuries, accidents, sickness, of whatsoever nature sustained by him/her while participating in any excursions or activities at the Richmond Teen Center.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CONTACT PHONE NUMBERS**

Richmond Parks & Recreation Administrative Office: 623-8753

Richmond Teen Center- 859-625-0010

**Deadline:** Sept 29, 2009 for initial Transportation Request.

(Applications will be accepted past the September 29<sup>th</sup> deadline.)

Drop off Applications to the High School or Middle School Youth Services Center or to the Richmond Parks & Recreation Department located at 321 North Second St.

**Opening Date:** Monday October 5<sup>th</sup>, 2009

**Location:** Betty Miller Building, 325 North Estill Ave. Richmond, KY

**FIELD TRIP PERMISSION FORM**

The Richmond Parks and Recreation Department has my permission to transport \_\_\_\_\_ to and from this program activity to any activity or field trip.  
Participant's Name

\*I hereby agree and consent that the Richmond Parks and Recreation Board Members, City of Richmond and its employees are released and forever acquitted from all or any claims or liability for damages for any injuries, accidents, sickness of whatsoever nature sustained by him/her while traveling to and from, and while attending the any excursion or activity.

\_\_\_\_\_  
Parent/Guardian Signature Date

**TRANSPORTATION AUTHORIZATION**

Please fill out the below information to indicate who you are permitting to pick up your child from the Teen Center. Photo Identification will be required for verification.

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Any Non- Authorized Person? \_\_\_\_\_

**Permission to Walk Home from the Teen Center**

The Richmond Parks & Recreation Department and the Teen Center Employees have permission to allow my child \_\_\_\_\_ to walk home from Teen Center Activities at the Betty Miller Building. I understand that once the participant has left our facility, I hereby agree and consent that the Richmond Parks and Recreation Board Members, the City of Richmond and its employees are released and forever acquitted from all or any claims or liability for damages for any injuries, accidents, sickness of whatsoever nature sustained by him/her while traveling to and from the Betty Miller Facility. Furthermore, I understand that my child must sign him/herself out of the activities at the Teen Center before leaving the premises.

\_\_\_\_\_  
Parent/Guardian Signature Date

### Richmond Parks and Recreation Medical Release Form

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Is there any medical condition your child has that we need to be aware of ?

\_\_\_\_\_

Please complete the following regarding your child’s medication and allergies:

**Prescription Drug Information: (Fill out only if child will bring prescriptions to the Teen Center)**

**All Medications must be sent to camp in their ORIGINAL CONTAINERS**

Name of Drug: \_\_\_\_\_ Name of Drug: \_\_\_\_\_

Indication for Use: \_\_\_\_\_ Indication of Use: \_\_\_\_\_

Dosage/Frequency: \_\_\_\_\_ Dosage/Frequency: \_\_\_\_\_

How Administered: \_\_\_\_\_ How Administered: \_\_\_\_\_

**Allergies**

Food: \_\_\_\_\_

Drugs: \_\_\_\_\_

Insect Stings/Bites: \_\_\_\_\_

Does your child have an epi-pen? \_\_\_\_\_

**Health and Accident Insurance Information**

Company Name: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Medical Consent Agreement:** I hereby authorize the City of Richmond Parks & Recreation Department, its agents, employees, and representatives, elected or appointed officials or designee(s) to treat my child for any injury/illness that he/she sustains during participation in any designated Parks & Recreation activity. I will also be sure that my child does not attend if he/she is not in good physical condition on that day. In case I can’t be reached in the event of an emergency, I authorize all necessary medical treatment and admission to any hospital designated by the City of Richmond Parks & Recreation Department, its agents, employees, representatives, if advanced care (X-rays, tests, etc.) is required. It is understood that the participants and their parent/guardian will be notified to grant authorization for any surgical procedure.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*

In case of illness or accident, I can be contacted at (Phone#) \_\_\_\_\_

If it is necessary to contact his/her physician, the child’s family doctor name and number is as follows:

**Doctor’s Name:** \_\_\_\_\_

**Doctor’s Phone #:** \_\_\_\_\_

## **RULES OF THE CENTER**

- Walk while in the main building.
- Office and kitchen areas are for staff only.
- Games and any other equipment, sports or otherwise, must be checked out at the desk and returned
- No personal phone calls for anyone unless there is an emergency.
- All food and drinks must remain inside the designated area
- Shoes must remain on feet at all times.
- Each participant is responsible for helping maintain a clean and safe environment at the center, i.e. placing cups, plates, napkins, etc. in garbage.
- Each participant is responsible for their personal belongings.
- Foul language will not be tolerated.

## **DISCIPLINE**

The Richmond Teen Center strives to provide an atmosphere which is conducive to safety and appropriate behavior so that every child/parent can enjoy their camp experience. Maintaining proper conduct is a shared responsibility of participants, parents and Richmond Parks and Recreation staff.

- All participants must *sign the Code of Conduct*, which can be found on the registration form.
- If inappropriate behavior is observed, the participant will be given a verbal warning. Staff members will remove the participant from the situation and discuss why the behavior was inappropriate. They may also be asked to sit out during an activity based on the offense.
- If the behavior persists, the participant will be sent home and a behavior contract will be signed by the participant, parent, and staff.
- On the second offense, the participant will be sent home from the program and will be asked to sit out a day of attending the program.
- On the third offense, the participant will be dismissed from the program.
- Fighting or disrespectful behavior anywhere at the Center will not be tolerated. This will result in the participant receiving a warning then being dismissed from the program after a second offense. The Director reserves the right to ask that a participant not return for any reason he/she deems appropriate.

## **Field Trip Rules**

- Parents will be required to sign and approve any field trip permission forms.
- Participants must stay with the group at all times and be with a chaperone.
- Parents might be asked to accompany participants and Teen Center staff on field trips to help chaperone activities.
- All participants must abide by the Teen Center Rules and the rules of the location of the field trip.
- If the participant would like snacks or souvenirs, please send money the day of the field trip.

## **PICK-UP/DROP OFF**

- Each participant must sign in and sign out.
- If a participant will be picked up, they must be signed out by an approved person who is listed on the Transportation Authorization Form.
- If a participant will be walking home, the parent must sign a release stating that it is approved for their child to leave the premises by walking home. The participant must also sign themselves out daily.