

The Salvation Army Boys and Girls Club of Buncombe County

744 Haywood Rd, Asheville, NC 28806 (828) 255-0266 ext. 204

2011 - 2012 TEEN AFTER SCHOOL PROGRAM APPLICATION (Ages 14-18)

Name of Teen:				Birthdate:
	(Last)	(First)	(M.I.)	Gender: _____ Age: _____
Address:				Zip Code: _____

FAMILY INFORMATION

Parent/Guardian's Name:	Relationship to teen:
Address:	Zip Code:
Phone #1:	Cell [] Home [] Work []
Phone #2:	Cell [] Home [] Work []
	Email Address:
	Employer:

Other Parent/Guardian's Name:	Relationship to teen:
Address:	Zip Code:
Phone# 1:	Cell [] Home [] Work []
Phone #2:	Cell [] Home [] Work []
	Email Address:
	Employer:

INFORMATION ABOUT YOUR TEEN

Does your teen have any known allergies?	No	Yes	
If Yes, please explain:			
Dietary Restrictions:			
Any Behavioral/Physical Disabilities:			
Any Disorders or Medications:			

EMERGENCY CARE INFORMATION

Name of teen's doctor:	Office Phone:
Name of teen's dentist:	Office Phone:
Hospital Preference:	Phone:
Insurance Carrier:	Policy Number:

Emergency contacts (in case parents or guardian named above cannot be reached):

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

When Program activities have concluded, my teen may be released into the care of:

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

I agree that the agents of The Salvation Army Boys & Girls Club of Buncombe County may authorize the physician of choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. I acknowledge that The Salvation Army Boys & Girls Club of Buncombe County does not provide accident insurance for members and I agree to assume financial responsibility for the cost incurred. I agree that my teen can be transported in a Salvation Army vehicle from school and to/from Club activities. I am the parent or legal guardian of the minor named above and am signing this waiver/release on behalf of said minor.

Signature of Parent or Legal Guardian	Date
Print Name of Parent or Legal Guardian	

FOR OFFICE USE

Program	Fees Paid	[] New Member
[] After School	Membership \$ _____	[] Renewal
[] Full Days	Application fee \$ _____	Enrollment Date : ___/___/___
		PC : ___/___/___ Staff: _____

Club Rules and Discipline Procedures

The Salvation Army Boys and Girls Club recognizes that children need structure and discipline while participating in Club programming and activities. Should we experience any behavior problems with your child, our discipline procedure is as follows:

1. Verbal Warning
2. Removal from activity (writing sentences, time-out, etc.)
3. Call to notify parent of behavioral problems
4. Suspension
5. Expulsion

Please read and sign the list of our Club rules and note that in extreme instances, **suspension can be automatic**:

1. I will treat my club with respect. I will keep it clean and respect Club equipment. I will not sit on tables or deface any Boys and Girls Club property (this includes our buses). I understand that this behavior may result in a suspension.
2. I will respect my fellow Boys and Girls Club members. At no time will I put my hands on another Club Member.
3. I will not fight. I understand that fighting will result in an **automatic suspension**. Hitting another child no matter what the case or circumstance, will result in a suspension!
4. I will wear proper clothing. I will **not sag my pants!** I will wear appropriate shoes for play.
5. I understand that I am responsible for my own belongings and will put them in the proper place.
6. I understand that cell phones, toys or electronic devices (Game Boy's, PSP's, etc.) are prohibited.
7. I understand that I am not allowed to make or accept phone calls at the Club for any reason unless approved by a Club Staff Member.
8. I will remain in my group and within my group leader's sight at all times. Failure to do so will result in a suspension.
9. I will be respectful in words and in actions.
10. I will not lie nor tell an un-truth about someone.
11. I will keep my hands, feet and other objects to myself.
12. If someone is bothering me, I will tell a staff member.
13. I understand that threats of violence will NOT be tolerated and can result in a suspension.
14. I understand that use of profanity and inappropriate conversation of a sexual nature is prohibited.
15. I understand that the adult picking me up must sign me out before I leave the Boys and Girls Club!
16. I will respect and obey Club staff and volunteers.
17. I understand that failure to follow the above rules will result in my suspension from the Club.

DRESS CODE

Girls:

1. No Halter Tops or Tube tops.
2. Shirts must cover belly button with arms raised.
3. Spaghetti-strap tops or dresses may only be worn by K-4th grade girls.
4. Shorts and skirts must be finger-tip length. If shorter, leggings must be worn underneath.
5. Bathing suits must be one-piece!

Boys:

1. No Sagging!!!!!!!!!! Shorts/Pants must be worn around waist.
2. No white undershirt tank tops.
3. Shirts must be worn under basketball jerseys or tank tops.
4. Swim trunks must be worn to the pool! No cut-offs!

I have read the above rules and I fully understand the rules and the consequences of such behavior.

Parent/Guardian Signature _____ Date: _____

Club Member Signature _____ Date: _____

Personal and Statistical Information

SCHOOL _____ **GRADE ENTERING** _____ **READING LEVEL** _____ **G.P.A** _____

CHILD LIVES WITH: **MOTHER** _____ **FATHER** _____ **BOTH** _____ **OTHER** _____ **FAMILY SIZE:** _____

CHILD HAS BEEN MEMBER OF CLUB? **Less than 1 year** **1-2 years** **2 + years**

ATTEND CHURCH? **YES** **NO** **SCHOOL LUNCH FEE:** **FULL PAY** **REDUCED** **FREE**

PARENTS: **MARRIED,** **SINGLE,** **DIVORCED,** **SEPARATED,** **RE-MARRIED**

RACE: **CAUCASIAN,** **AFRICAN-AMERICAN,** **HISPANIC,** **ASIAN,** **MULTI-RACIAL,** **OTHER**

***** **THE INFORMATION BELOW MUST BE VERIFIED BY PROOF OF INCOME** *****

FAMILY INCOME (Must include AFDC, Food Stamps, Child Support, Alimony, etc.)

<input type="checkbox"/> UNDER \$10,000	<input type="checkbox"/> \$30,000 TO \$40,000
<input type="checkbox"/> \$10,000 TO \$20,000	<input type="checkbox"/> \$40,000 TO \$50,000
<input type="checkbox"/> \$20,000 TO \$30,000	<input type="checkbox"/> \$50,000 AND UP

By signing below, I acknowledge that I have read and understand the information given to me by The Salvation Army Boys & Girls Club of Buncombe County, which includes the rules and discipline procedures listed within the Policy and General Information packet, and the staff has reviewed this with me. I have discussed the rules and information with my child and understand that if my child or I do not abide by these policies, my child may be removed from the Summer Day Camp Program and will not be able to return until a Parent Conference with the Director has been set up.

I have received and understand the summary of the North Carolina Child Care Law and Rules.

I understand that the annual membership fee and application (registration) fee are non-refundable.

I will adhere to the rules of the payment policy and I agree to pay the weekly tuition in advance for the coming week and understand that my child may be discontinued from the Program, without notice, if I fail to make payments. I also understand that my child can not participate in any other Club program unless account is paid up.

I have been informed on when payments are due and that I must talk with Staff to drop my child(ren) from this program or charges will be applied. I understand that I must inform Staff of any reasons for my child's absence from this program.

I agree to pay 1/2 weeks tuition if my child is absent during an entire week (M-F) regardless of the reason.

I have read the late pick-up policy and understand the consequences for not picking up my child on time.

FOR SCHOLARSHIP AND SUBSIDY RECIPENTS ONLY: I understand that my child will be dropped from the program if he/she does not attend regularly or if any required financial information is falsified or not turned in that is required by The Salvation Army Boys & Girls Club, Southwestern Child Development Commission, or other subsidizing agency.

The information I have provided in my child's membership application is correct to the best of my knowledge, and I agree to update this application with any changes that may arise.

The Salvation Army Boys & Girls Club reserves the right to change or add to any of these policies and will give notification.

Parent/Guardian Signature

Printed Name

Date

Permission/Waiver Form

Name of Child or Youth Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Activity Responsibility Agreement

I, the undersigned, understand that there are risks and dangers inherent in participating in The Salvation Army Boys & Girls Clubs' programs and activities (hereafter referred to as "Activity"), which may include transportation. I also understand that in order to be allowed to participate in this Activity and associated Activities, I must agree not to hold The Salvation Army liable for any injury or damage which may be suffered while participating in any Activity or going to/from any Activity.

Knowing this, and in consideration of being permitted to voluntarily participate in any Activity, and recognizing the charitable nature of The Salvation Army, I hereby voluntarily release The Salvation Army from any and all liability resulting from or arising in any manner at all out of any participation in any Activity.

- I understand and agree that I am releasing not only The Salvation Army, but also its officers, agents, and employees. I understand and agree that this waiver/release will have the effect of releasing, discharging, saving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future; whether known or unknown, and whether anticipated or unanticipated by me, whether through acts or omissions by The Salvation Army's personnel or other unrelated third parties or other participants.
- I understand and agree that this waiver/release will be binding on me, my spouse, my heirs, my personal representatives, my assignees, my children, and any guardian ad litem for said children.
- I understand and agree that by signing this waiver/release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by the child named above, while participating in any Activity, including but not limited to health care expenses.
- I understand and agree that by signing this waiver/release, I am agreeing to release, indemnify and hold harmless The Salvation Army, its officers, agents or employees from any and all liability or costs, including attorney fees, associated with or arising from my child's participation in any Activity.
- I understand and agree that I am signing this waiver/release on behalf of my minor child; that I will be giving up the same rights for said minor as I would be giving up if I had signed this document of my own behalf.
- I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT.
I acknowledge that I have read this waiver/release agreement and that I understand the words and language in it. I understand there are potential dangers incidental to participating in any Activity and going to/from any Activity. I execute it voluntarily and with full knowledge of its meaning and significance.

Signature of Parent or Legal Guardian

Date

Child's Name _____

Age _____

Information About Your Child's Interests & Personality

Circle the activities that your child enjoys:

- | | | |
|---------------------------|----------------------------|---------|
| Sports/Outdoor Activities | Board/ Table Games | Dancing |
| Arts and Crafts | Playing Musical Instrument | Singing |
| Listening to Music | Exploring Nature | Reading |
| Building Things | Socializing with Friends | Drama |
| Cooking | Working on a Hobby | Crafts |

List any other examples of your child's favorite activities: _____

List any medical or physical problems that would limit your child's participation at the Boys & Girls Club: _____

Please give any information concerning your child which would be helpful in a group setting (such as play, eating and sleeping habits, special likes or dislikes):

Tell us about your child's temperament and personal style so we can provide appropriate guidance and support. For example, is your child active? Quiet? Shy? Outgoing? Intense? Easygoing? Persistent? Distractible? _____

Are there any behavioral issues that we need to be aware of? _____

What are the most important things we can do to help your child have a positive experience in our program? Are there areas in which you feel that your child may need extra help or support? _____

Name of Child or Youth Participant (please print) _____

Parent(s) and/or legal guardian(s) of child participant _____

Special Events and Field Trips

I understand that the child named above will be participating in The Salvation Army Boys & Girls Club Summer Day Camp Program Activities between June 13th, 2011 and August 5th, 2011. I understand that during this period my child/youth may take part in activities such as: games, sports, fieldtrips, and other activities consistent with the purposes of the unit/program. I realize that some of these activities may take place off-premises and I give my permission for my child/youth to be transported in a Salvation Army Boys & Girls Club vehicle to & from any Club Activity. (This consent is valid from June 13, 2011 to August 5, 2011.)

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury I do hereby give permission for agents of The Salvation Army to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again; I agree to pay for the medical treatment.

Consent to Publication by The Salvation Army

I certify that I am at least 21 years of age, and the legal parent or guardian of the child named above. I hereby grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my child's name, signature and likeness, and any portraits, pictures, photographic prints or other representations of my child, or in which my child may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as with discretion may be made, either separately or together with my child's name or a fictitious name, or the name of another person, with or without any statements or testimonials made by my child, or authorized by me which with discretion may be prepared for use in connection therewith. I warrant that I have not limited or restricted the use of my child's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate.

I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Authorization Relating To A Minor or Individual Under Local Guardianship

I hereby certify that I am the (parent)/(legal guardian) of the minor child or dependent

_____, and have executed this release on his/her behalf.
Child/Youth Name

Signature of Parent or Legal Guardian

Date

Throughout the summer, The Salvation Army Boys and Girls Club will be running two nationally acclaimed Boys & Girls Clubs of America programs that are designed to help children improve their academic performance and enhance their life skills.

The first, called **Power Hour**, is a comprehensive homework help and tutoring program which provides children with the support, resources and guidance. In addition, tutoring assistance is provided for those who need additional work in special areas. Power Hour offers a structured time and place for Club staff and volunteers to help with a child's educational process.

By signing below, you authorize your child to participate in our Power Hour program and grant permission for The Salvation Army Boys & Girls Club of Buncombe County to request academic records (report cards and EOG test scores) from the school attended. This information will be used to target specific areas/subjects and provide services that may include mentoring, tutoring, or homework assistance. These services may be provided by outside agencies that partner with The Salvation Army Boys & Girls Club of Buncombe County. The statistics from the collected information will be used to evaluate the success of our program by our funding sources. Your child's personal information will be kept confidential.

Name of Child

School Attended

Homeroom/Primary Teacher's Name

Grade Finished

What areas does your child need extra help with? _____

Parent/Guardian Signature

Printed Name

Date

(This consent is valid for one year from date signed.)

The second program, **SMART Moves** (Skills Mastery and Resistance Training) is a comprehensive prevention program that helps young people resist alcohol, tobacco and other drugs and avoid premature sexual activity through small group activities designed to increase participants' peer support, enhance life skills, build resiliency and strengthen leadership skills.

- **SMART Kids**, ages 6-9, focuses on building self-esteem, positive social skills and the skills to avoid drugs and other harmful influences
- **Start SMART**, ages 10-13, presents information and skills needed to resist pressures to get involved in alcohol, tobacco, other drugs or sexual activity. Media influence is analyzed while resisting peer pressure is practiced.

During the course of the program, it may be necessary that we administer pre- and post-tests and in some cases, keep progress notes on participants. These items may be necessary in order for our funding sources to evaluate the success of our program. All of the above information will be kept confidential.

By signing below, you give permission for your child to participate in the age-appropriate **SMART Moves** program.

Parent/Guardian Signature

Printed Name

Date

(This consent is valid for one year from date signed.)