**CAC YOUTH CENTER**

**2016 MEMBER REGISTRATION**

|  |
| --- |
| **FOR STAFF USE ONLY** **[ ] NEW MEMBER [ ] RENEWAL****DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STAFF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**MEMBER NAME**(last)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (first)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(m.i.) \_\_\_\_\_\_\_\_\_

**STREET ADDRESS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APT #**\_\_\_\_\_\_\_\_\_\_

**CITY/STATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GENDER:** [ ] MALE [ ] FEMALE **AGE** \_\_\_\_\_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **COUNSELOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES MEMBER HAVE AN IEP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE, IF KNOWN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC CONCERNS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACADEMIC STRENGTHS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLUBS/ORGANIZATIONS, EXTRA-CURRICULAR ACTIVITIES, SPORTS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNIC ORIGIN:** [ ]AFRICAN-AMERICAN [ ]ASIAN [ ]CAUCASIAN [ ]HISPANIC [ ]MULTI-RACIAL ……. U.S. CITIZEN [ ]YES [ ]NO

**FAMILY INFORMATION**

**MEMBER RESIDES WITH:** [ ] Both Parents [ ] Mother [ ] Father [ ] Grandparent(s) [ ] Foster/Kinship [ ] Other

**PARENTS ARE:** [ ] Married [ ] Single [ ] Divorced [ ] Widowed

Mother’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In household** (live with member) \_\_\_\_\_\_ Brother(s) \_\_\_\_\_\_ Sister(s) \_\_\_\_\_ Others\_\_\_\_\_\_\_\_\_

**Please describe any medical problems, conditions, or FOOD ALLERGIES:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications & Side Effects:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PICK-UP INFORMATION**

**ONLY THE INDIVIDUALS LISTED WILL BE PERMITTED TO PICK UP YOUR CHILD**

**THE INDIVIDUAL MUST BE AN ADULT (18 OR OLDER) & I.D. IS REQUIRED**

1. **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PHONE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WEATHER CONDITIONS:** In case of poor weather conditions which causes the center to close early, my child

\_\_\_ Must remain at the center until someone picks him/her up; OR

\_\_\_ Has permission to walk home

**PERMISSION TO WALK:** My child has permission to walk home from CAC YOUTH CENTER daily.

**\_\_\_\_** Yes

\_\_\_ No

**USE OF INTERNET:** My child has permission to use/access the internet at CAC YOUTH CENTER**.**

**\_\_\_\_** Yes

\_\_\_ No

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**T-shirt Size**: (*for Summer Camp only*)

\_\_\_Youth Small \_\_\_Adult Small

\_\_\_Youth Medium \_\_\_Adult Medium

\_\_\_Youth Large \_\_\_Adult Large

\_\_\_Youth X-Large \_\_\_Adult X-Large

 \_\_\_Adult XX-Large

**EMERGENCY MEDICAL AUTHORIZATION**

***Purpose***: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under CAC Youth Center authority, when parents or guardians cannot be reached.

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher/Homeroom:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Student resides with***:\_\_\_\_\_\_Mother \_\_\_\_\_\_Father \_\_\_\_\_\_Stepparent \_\_\_\_\_\_Guardian \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_

List only the names (first and last) of those who have authority to make decisions in an **EMERGENCY** situation involving this student.:

1. Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Stepparent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of **ILLNESS**, list persons to notify in order of preference:

1. Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name/Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETE ONLY ONE OF THE FOLLOWING:**

I. **Consent for Treatment**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists,

concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I hereby give consent for the following medical care providers and local hospital to be called:

Preferred Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Dentist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Medical History: Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II. **Refusal of Treatment:**

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the CAC of Portage County authorities to take the following action:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

**Medical History: Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairment of which a physician and/or school personnel should be alerted:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Field Trip & Special Event Consent Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Youth Emergency Contact Name & Phone #

In consideration of my child (or ward) being permitted to participate in CAC Youth Center’s activities/events, I voluntarily agree to the following:

1. I understand that only youth with current CAC Youth Center memberships and up-to-date and accurate membership information (i.e., telephone numbers, addresses, emergency contact information, etc.) are permitted to participate in field trips and special events. By signing below, I acknowledge that my child (or ward) is a current member of the Youth Center and that all membership information provided to the Youth Center is correct.
2. I understand the anticipated times of departure and return for field trips/special events and will ensure that my child (or ward) is at the departure location at least fifteen (15) minutes prior to the time indicated and that arrangements have been made for someone to pick up my child (or ward) at the anticipated time of return. I understand and agree that my child (or ward) must be picked up upon return from the field trip/special event, unless return will be during Youth Center hours.
3. I have explained to my child (or ward) the expectations for conduct outlined in the Parent/Member Rules & Expectations Sheet and will make myself available during the field trip/special event, promptly upon being requested to do so, if my child’s (or ward’s) behavior warrants my presence.
4. I understand that all activity has a degree of risk associated with it and agree to hold harmless and indemnify the Community Action Council of Portage County and its employees and volunteers from and against any claims, demands, liability, costs of suit, damages, loss and/or judgments in connection with the Youth Center activities, field trips/special events which may be asserted by me, my child (or ward) or anyone else on our behalf and assume the responsibility for any losses, costs, and/or damages that may arise from any injury to my child (ward).
5. **I understand and agree that the Youth Center cannot and will not administer prescription or over the counter medications of any kind to my child (or ward), with the exception of Epi-pen or Inhaler. If my child (or ward) requires medical attention and I cannot be reached in a timely fashion, I give permission to the staff/designees of the CAC Youth Center to transport, hospitalize, and secure any medical treatments they deem necessary including, but not limited to, X-rays, routine test, injections, and surgery. I accept full financial responsibility for such treatments or medical attention.**

The undersigned represents that he/she is the parent and/or legal guardian of the minor named above, and represents that he/she has the legal authority to execute this consent and release. If the child/applicant is signing for him or herself, the undersigned warrants that he/she has reached the age of legal majority according to the State of Ohio.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date Phone #

**PHOTO RELEASE**

Date

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ grant permission to the Community Action Council of Portage County, Inc./Youth Center, and its authorized agents, the Portage County One-Stop, the Portage County Department of Job and Family Services, or agents thereof, to photograph and use photos of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (past, present or future), schools, counselors, school publications or school related agencies and other entities that it deems necessary for program compliance related to my child’s participation in the agency’s Youth Programs and Learning Centers. I understand that photos will be used for purposes of record keeping and after-school and school related publication and will not be shared with individuals or organizations not specified herein.

 Participant Signature and date

 Parent or Guardian Signature

 Witness and Date (CAC Staff)

**Rules/Expectations**

1. Respect everyone.
2. Pick up after yourself and return items to their proper place.
3. Walk inside the building.
4. We will use appropriate language at all times.
5. Yelling and shouting will not be tolerated.
6. Always ask permission to enter all areas.
7. Food and Drink in assigned areas only.
8. Fighting or bullying will not be tolerated.
9. Stealing and destroying property will not be tolerated.
10. Computer access is given by permission only. If inappropriate material is being accessed, permission will be revoked. Downloading material is not permitted.
11. You must be signed in and out daily.
12. You must be dressed appropriately or you will be asked to change clothes or go home.
13. Staff Offices and Kitchen are off limits (STAFF ONLY in these areas)
14. Make good choices and Have Fun!

You must have permission to bring outside electronics, toys, games, etc. into the building and those items are *your* responsibility. Items brought without permission will be held until the end of the day. CAC is not responsible for personal items brought to the center that get lost or stolen.

Once you sign-out, you are not permitted to return for the day without a parent letter.

If these rules are not followed, disciplinary action will be taken, beginning with time-out to suspension from CAC youth programs.

*Hours of Operation*: Academic School Year 2:30pm-6:00pm

 Winter/Spring Break 8:15am-4:00pm

 Summer Camp 8:15am-4:00pm

\*\*\*During the School Year, children must be picked up by 6:00pm. During Summer Camp, children must be picked up by 4:00pm. There is a late fee for late pick-ups at the rate of $1/minute, payable by week’s end to continue to participate in Youth Center services.\*\*\*

By signing this, I hereby understand and shall abide by the rules herein and accept responsibility for my actions.

­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAC Youth Member Signature Parent Signature/ Date

**Survey I.**

1. How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has your child attended CAC Youth Center in the past? YES NO
3. If so, did you and your child enjoy CAC Youth Center? YES NO
4. Would you recommend CAC Youth Center to friends? YES NO
5. Overall, you chose CAC Youth Center Camp for the following reasons: *(check all that apply)*
6. \_\_\_\_Hours open
7. \_\_\_\_Play/Activity area
8. \_\_\_\_Activities planned
9. \_\_\_\_Learning Opportunities
10. \_\_\_\_Availability of Meals/Snacks
11. \_\_\_\_Trips
12. \_\_\_\_Staff
13. \_\_\_\_Safety
14. \_\_\_\_Cost
15. \_\_\_\_Convenience
16. Are you available to participate in CAC activities, trips, etc.? YES NO
17. Have all of your questions or concerns been addressed? YES NO
18. What changes could we make to improve the Youth Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
19. What are you/your child most looking forward to at CAC Youth Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
20. Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

