

Middle School Youth Center Registration 2017-2018

First United Methodist Church of Ventura
1338 E. Santa Clara St., Ventura 93001
805-643-8621

Student Name _____

Address _____

Home Phone _____ Student Cell _____

Parent/Legal Guardian Name _____

Student Email _____

Student Birthdate _____ Grade _____

Contact number where parent/guardian may be reached _____

In addition to the parent/guardian, student may be released to the following individuals:

Name _____

Relationship _____ Phone _____

Name _____

Relationship _____ Phone _____

PROGRAM TUITION FEE

Tuition Fee:

Aug. 23-Sept. 29 = \$105

Oct thru April = \$75 per month

May-June 14 = \$105

Tuition payment is due the first of the month. Payments may be given to the program director, or church Administration Assistant, or send by mail (check) to:

First United Methodist Church – MSYC

1338 E. Santa Clara St.

Ventura, California 93001

Tuition financial assistance is available based on need, available upon request.

Days Program in Session

The MSYC is in session on during student school days. (Please refer to the Ventura Unified School Year Calendar.)

Late Pick Up Fee

Students need to be picked up by 5:15 p.m. A late pick will result in a \$15 fee added to the next month tuition.

FUMC's MIDDLE SCHOOL YOUTH CENTER NORMS

Respect

Program Participants will:

- Cooperate with and take instruction from staff and volunteers.
- Conduct themselves in a positive manner appropriate for group settings.
- Value other youth, their space and personal belongings.
- Value themselves and honor the student agreement they signed at the time of registration.
- Value and safeguard the youth center's equipment and space

Boundaries

Program Participants will:

- Notify a staff member and complete the check-out procedure before leaving the program.
- Keep to only those areas assigned for MSYC use. Areas excluded are the sanctuary, upstairs level rooms, basement, and storage spaces.
- Go to the courtyard or other outside areas only with staff permission and supervision.

FUN

Program Participants will:

- Participate in activities of interest that are provided for youth enjoyment.
- Suggest ideas for activities that they feel would be of interest and enjoyment to self and others.
- Use good sportsmanship and good humor when participating in activities.
- Do their part to make MSYC an enjoyable/fun afterschool place to come.

STUDENT AGREEMENT

I agree to (1) participate in the functions and activities of the Middle School Youth Center, (2) cooperate with the staff and other young people, and (3) conduct myself in a positive manner appropriate for group settings. I promise to respect myself, other persons, and property. I understand that my participation depends on my support of this agreement.

Student's Signature _____ **Date** _____

Print Student Name _____

I have read and understand the Middle School Youth Center general information that was provided. I will keep contact information and student health information current. I will notify the youth center in advance of days my child will be absent. I understand that the youth center reserves the right to dismiss without refund any child whose conduct is, in the opinion of the director, unsatisfactory. I have the right to withdraw my child from the program at any time with proper notification.

Signature of Parent or Guardian _____ **Date** _____

Signature of Parent or Guardian _____ **Date** _____

Attachment:

Permission Slip, Waiver, Medical Authorization, and Release

Function and Activities

Publicity: (Photo/Video release)

First Aid & Medical Emergency Treatment

Medical History

**Middle School Youth Center
Permission Slip, Waiver,
Medical Authorization, and Release**

September 1, 2016-May 31-2017

First United Methodist Church
1338 E Santa Clara St, Ventura, CA 93001
805-643-8621

Student Name _____ Student Cell _____

Age _____ Birth Date _____ Grade _____

School _____

Parent/Legal Guardian Name _____

Address _____

City _____ State _____ Zip _____

Parent email _____

Phone: Cell _____ Home _____ Work _____

Other Parent/Legal Guardian _____

Address _____

City _____ State _____ Zip _____

Parent email _____

Phone: Cell _____ Home _____ Work _____

FUNCTIONS AND ACTIVITIES

It is my understanding that participating in the programs and recreational and other activities of the Middle School Youth Center is a privilege. Prior to my student's participation in such activities, I acknowledge that certain risks are associated with the activities, including, by way of example, physical injury due to activity-related accidents, illness or even death. I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Activities may include supervised walking field trips. The undersigned hereby give our consent to and authorize the minor child named above to participate in all events conducted by the Middle School Youth Center.

Friday is Fun Field Trip Days

Every Friday the MSYC will enjoy a field trip to Cemetery Park for recreation games, the beach, a walk to downtown for ice cream. Schedule of the Friday Fun Field Trip will be handed out month.

PUBLICITY (Photo/Video Release)

On occasion, the Middle School Youth Center may take photographs or audio/video recordings of students and/or adults involved in program activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in Middle School Youth Center publications or advertising materials to let others know about the Youth Center. In addition, local news organizations may hear of our activities or events, and the Youth Center may allow them to photograph or record our events for news reporting on special interest features.

I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the Middle School Youth Center see fit. This consent includes but is not limited to photographs, videotape, audio recordings, and the Middle School Youth Center's web page.

FIRST AID AND EMERGENCY MEDICAL TREATMENT

It is understood that this authorization is given in advance of any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, or hospital care which the aforementioned physician, surgeon and/or dentist, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital, which has provided treatment to my student to surrender physical custody of the child to the agent upon the completion of treatment.

I recognize that there may be occasions where the student named above 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 Middle School Youth Center to seek and secure any needed medical attention or treatment for the student named including hospitalization, if in the opinion of the agent such a need arises.

Further, I authorize the agent of the Middle School Youth Center to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of, any physician, surgeon, or dentist licensed under the laws of the state or county in which the medical care is being sought and on medical staff of any hospital. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment including any treatment a physician, surgeon, or dentist may deem necessary.

RELEASE OF LIABILITY

By signing this form, I expressly warrant that the student named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I, the undersigned, for my student, my student's personal representatives, assigns, heirs, distributees, guardians, and next of kin ("the Releasers"), hereby irrevocably and unconditionally release, waive, discharge, and covenant not to sue the Middle School Youth Center nor First United Methodist Church and their ministers, leaders, employees, volunteers, and agents, for and from all claims of any nature now or hereafter existing whether known or unknown, including but not limited to, all liability to the Releasers, on account of injury to my child or death to my child or injury to the property of the child, whether caused by the negligence of the Middle School Youth Center, the Church, its ministers, leaders, employees, volunteers, and agents or otherwise, during the course of my student's participation in the activities, arising out of or in connection with activities related to the Middle School Youth Center or the Church.

MEDICAL HISTORY

Special medical needs or concerns (allergies, conditions, dietary needs, medications) _____

Health Insurance Provider _____

Phone _____ **Policy Number** _____

Physician _____ **Phone** _____

Date of Last Tetanus Shot _____

In the event that parent/legal guardian cannot be reached, call

Name _____ **Phone** _____

Other information staff should know about the student _____

PARENT/GUARDIAN SIGNATURE

I/we represent that I/we am/are the parent(s)/guardian(s) of _____, who is under 18 years of age. I/we have read the above form and am/are fully aware of the contents thereof. I/we give permission for the student named above to participate in the activities of the Middle School Youth Center, including any special events/activities. In consideration for allowing the participation of the student in the activities of the Middle School Youth Center, I/we hereby consent to the above terms on behalf of the child and agree that this form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Parent/Legal Guardian Signature _____ **Date** _____

Print Name _____

Parent/Legal Guardian Signature _____ **Date** _____

Print Name _____
