

# PARTICIPANT FORM

# Requirements for Participating in Old Firehouse Teen Center (OFTC) programs

#### **General Eligibility**

Youth in grades 7 - 9 are eligible to become Members and participate in all OFTC programs. A subset of these programs, such as Dances, Camps and Break Trips, are available to Non-member youth in 7<sup>th</sup> - 9<sup>th</sup> grade without a membership. Other programs, such as Camps and Trips, are often open to 5<sup>th</sup>-6<sup>th</sup> grade Non-members as well.

#### **Code of Conduct**

All participants must abide by the Teen Center Code of Conduct whether in the center or on trips.

- Must listen to and follow directions.
- Must respect others.
- Must use appropriate language and must keep hands and feet to self.
- Must maintain self control and manage anger.
- Must not be under the influence of or in possession of illegal substances, alcohol or tobacco.
- Must use computers and personal electronic devices appropriately.
- Must adhere to FCPS dress code.
- Must maintain personal care without support of staff or volunteers.

The program Director reserves the right, on behalf of the McLean Community Center (MCC) and Teen Center, to impose disciplinary sanctions, including loss of privileges, suspension and permanent termination of membership if the youth cannot follow the Code of Conduct.



#### **ADA Accommodations**



The McLean Community Center, including the Teen Center, is an agency of Fairfax County and as such is committed to a policy of nondiscrimination on the basis of disability in all Center programs, services and activities. Every effort will be made to provide reasonable accommodations upon request. To request accommodations, call the Teen Center 14 working days in advance of the event you wish to attend. To help ensure a successful experience, please read this entire document prior to registration and participation.

#### **Personal Property**

Participants are discouraged from bringing anything of value to the Teen Center and its programs including, but not limited to, phones, cameras, laptop computers. The Center takes no responsibility for any loss or damage.

## **Field Trip Policy**

Please note that most of our field trips require a fair amount of walking. Participants should be able to handle the activities included in the trip. Participants requiring extraordinary assistance must be accompanied by someone who can and will be totally responsible for providing all required assistance. The MCC and Teen Center retain the right to decline to accept or retain any person as a member of a trip when such action is deemed to be in the best interests of the health, safety or general welfare of the group or of the individual concerned.

#### **Photo Release**

The MCC and Teen Center reserve the right to photograph and videotape all the activities associated with the Teen Center and use them for promotional purposes.

### **Pick-up Policy**

Parents shall call the Center at 703-448-8336 (TEEN) if they know they will be late picking up their teen from any program. Repeated late pick-ups will result in dismissal from Teen Center program(s.) If staff are unable to contact parents within 30 minutes following the end of a program, Fairfax County Non-emergency police will be called to pick up the child. Staff will leave one final message stating the officer's name and station to which the participant will be transported to await pick-up.

#### **Refund Policy**

Requests for refunds must be received at least seven (7) days prior to the class/program/camp start date to receive a full refund. After that time, refunds only will be given for medical issues that preclude continuation. A doctor's note is required. Absences and personal scheduling conflicts are not reimbursable. Membership refunds must be requested within 7 days of purchase.

If the Center cancels a program, we will automatically send a refund to the registered party. All other refunds require a written request. Refund request forms are available at the Center's reception desk.

For additional information, visit our website at <a href="https://www.mcleancenter.org/kids-teens/old-firehouse.asp">www.mcleancenter.org/kids-teens/old-firehouse.asp</a> or contact:

Old Firehouse Teen Center 1440 Chain Bridge Road McLean, VA 22101 703-448-8336 (TEEN)/TTY: 711

# Parent/Guardian Permission and Authorization to Participate in Teen Center Programs

I, the undersigned adult, am the parent or legal guardian of

(Hereinafter referred to as "My Child")

I give permission for My Child to participate in activities and programs of the Teen Center. I understand and agree that My Child may walk or be transported using Fairfax County school buses, chartered buses/vans, Metro, Community Center vans or other MCC-authorized vehicles.

I understand that My Child's participation in youth activities, including field trips, is conditional upon the willingness of My Child to abide by the Code of Conduct established by the Teen Center. I agree that the participation of My Child in any youth activities, including field trips, may be terminated for failure to behave and act in accordance with the Code of Conduct, for failure to follow the instructions and directions of Youth Department personnel, including but not limited to persons supervising or chaperoning field trips, or for any acts deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the programs generally. I agree that if My Child's participation is so terminated, no refund of any fees paid for his/her participation shall be due.

I understand some activities and programs of the Teen Center involve higher degrees of risk. Some of these involve elements that pertain to water and heights. These include, but are not limited to, swimming, kayaking, rafting, water parks, horseback riding, rock climbing, ropes courses, and contact with large animals. I acknowledge and fully understand that My Child will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inactions or negligence, and the actions, inactions, or negligence of others, or the conditions of the premises or of any equipment used. I assume all the foregoing risks and accept personal responsibility for the damages and medical expenses following any such injury, permanent disability or death. I Typwewill be responsible for such injuries and/or property damage as described above and agrees to hold harmless the County of Fairfax, McLean Community Center, its officers, employees, volunteers and/or agents for such losses which might result from their participation in these activities.

I have initialed below the activities I <u>**DO NOT**</u> wish My Child to participate in and have informed My Child <u>**not**</u> to participate:

 Skiing Swimming Rock Climbing
 Horseback Riding Contact w/Large Animals
 Heights (e.g. roller coasters, ropes courses, other)
Water (e.g. boating, rafting, canoeing, kayaking, othe

### **Policy Regarding Illness**

I understand that My Child cannot participate in youth activities if he is sick, and I agree that I will not send My Child to any program if he shows any sign of illness. I understand further that My Child must be symptom and fever-free for at least 24 hours before returning to a program. I understand that My Child may not remain at a program on any day when he appears to have a temperature over 100 degrees, is vomiting or experiencing diarrhea.

I understand that if My Child arrives ill, or becomes ill or injured while participating in Teen Center youth activities, then except as provided below, staff will make a reasonable effort to contact me or the emergency contacts I have designated on the Participant Form, at the telephone numbers I have provided

#### **Authorization for Medical Treatment**

I understand that in case of a medical emergency concerning My Child, if the effort described above to reach me or my Emergency Contact as described above is unsuccessful, or if it is reasonably determined that there is insufficient time under the circumstances to attempt such contact, or if I am otherwise unable to give consent for any necessary emergency treatment of My Child as recommended by competent medical authority, I authorize the staff of the Teen Center or the McLean Community Center to consent to such treatment for My Child, including medical or surgical examination, diagnosis and treatment, anesthesia, and hospital care.

#### **School Suspension Policy**

Upon official notice of a participant's suspension/expulsion from school, the Old Firehouse Teen Center shall apply the same prohibitions to the participant's membership status. For example, a 10 day school suspension will result in the participant's suspension from OFTC activities during the same 10 day period. Expulsion from school will result in termination of membership.

#### **Signature**

I have read, understand and agree to the policies, conditions, permissions, liability and medical releases and other matters as set forth in the Participant Form.

Participant Signature:									
Print Name:									
Parent/Guardian Signature:									
Print Name	<u>:</u>								
Data:	,	1							

Office Use: Pa	ass #:	Card Rcvd:	_ Member:	Non-member:	Camp/Trip: Expire	es:/	
		I	Participant	Information			
PLEASE PR	INT		_				
Name of Participant (Last / First)					le School '12Fall'12		
AgeDate of Birth		Gender M□ F□ Home Ph		=			
Address		City	State 7i	Participant 1	Email	ded to our email list	
Sireei		Cuy	Sittle Zip		TMIVI CELIMET 10 be una	sea to our email usi	
		Par	ent/Guardi	an Informatio	n		
Father/Guardi	an	Father's Email		's Email			
Home Phone_		Wor	k Phone		Cell Phone		
Mother/Guard	lian			Mother	's Email		
Home Phone		Woı	rk Phone		Cell Phone		
		Eme	rgency Con	tact Informati	on	$\neg$	
	At least 2 dif	ferent phone nu	mbers for <u>2</u> loc	al adults who are no	t listed above is <u>required</u>	<u>.</u>	
						_	
1. Emergency	Contact (nar	me & relation)					
		Work Phone			Cell Phone		
2. Emergency	Contact (nar	me & relation)					
Home Phone_		Wor	k Phone		Cell Phone		
			Health In	formation			
Special Diet/Al	llergies						
Routine Medic	ations						
		<b>.</b>	1 1/55 7		.•		
		<u>•</u>		vioral Inform			
Please be candid and include your recommendations about how our staff can best assist your child. Use additional paper if needed. If you prefer, call the Teen Center or Camp Director at 703-448-8336.							

# PERMISSION TO LEAVE FOR FOOD

I give permission for My Child,	, to leave the Old Firehouse Teen		
Center facility during OFTC programs to go to the following place permitted during Friday Night Dances.	es I've initialed below. Leaving is not		
Please initial:			
7-Eleven			
Starbucks			
Giant (during full day programs)			
PERMISSION TO WAL From After School /Community Servi Does <u>not</u> apply to Friday N	ce/Camp Programs Only		
Once a participant leaves, he is not permitted to return the same date	ay unless prior arrangements are made.		
My Child has my permission to walk home:			
Please Initial:			
Yes			



\_\_\_\_ No