



Teen Center Application

Teen Center Mission

Carver Center's Teen Center is a safe and positive space where teens can participate in after-school activities, build new skills, find support for life issues, and prepare for the future.

Annual Registration Fee

\$20 for returning Teen Center members; \$25 for new members. All members must register (or reregister) at the beginning of every school year.

General Membership Includes

Access to the Teen Center lounge, snack and dinner daily, tutoring services, recreation activities/ programs, volunteer opportunities, college and career readiness workshops, free or discounted enrichment activities, free or discounted field trips.

Teen Expectations

We Expect Our Teens To...

1. **Bring your ID every day, front desk staff will not allow you in without it** (Teen Center staff will not bail you out so do not have receptionist call upstairs).
2. Come ready to be active and involved! The more you participate, the more you will gain from your time here.
3. BE AWARE OF YOUR SURROUNDINGS—demonstrate appropriate language and behavior at all times!
4. Remain in designated Teen Center areas during the designated times—no hanging out in or roaming the halls.
5. Respect and appreciate the Teen Center (and Carver) facility and staff.
6. Keep the Teen Center (and Carver) clean and/or clean up after yourself.
7. Be careful not to break or damage property belonging to Carver, staff, or other members.
8. Be honest and helpful when an incident occurs—it's not snitching—we're all here to help you!
9. Dress appropriately—No offensive or revealing clothing (student will be asked to change or leave for the day).
10. Refrain from demonstration of any sexual behavior (i.e. kissing, sitting on laps, etc.)

There is Zero Tolerance for the Following Behaviors and Will Result in Removal from the Teen Center:

1. Possession or use of illegal substances / Being under the influence of any of these substances.
2. Fighting.
3. Harassment or intimidation through words, gestures, or body language.
4. Gambling, stealing, and smoking of any kind.
5. Carrying or concealing any weapons, devices, or objects that may be used as or appear as a weapon.



Teen Center Application

Membership Application

Student Name: _____ School Name: _____

Birth Date: _____ Age: _____ Gender: _____ Grade: _____ Ethnicity: _____

Address: _____

Student Cell: _____ Student Email: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Health Insurance Carrier: _____ Policy #: _____

Do you qualify for free or reduced lunch? No Yes

Allergies or Medial Conditions? No Yes

If yes, please explain:

Pick Your Club

Select at least one club –join as many as you like!

- Academics & College Prep
- Leadership & Life Skills
- Volunteer
- Sports & Fitness
- The Arts

My child and I have read and understand the Carver Center’s Rules and Expectations and will pay the \$20 (renewal)/ \$25 (new) membership fee to join the Teen Center. I understand that some Carver Center activities have inherent risks and I hereby assume all risks and hazards incident to participation in all Carver activities. I further waive, release, absolve, indemnify and agree to hold harmless Carver, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons providing services through the Teen Center.

Student Signature: _____ Date: _____



Teen Center Application

Parent/Guardian Signature: _____ Date: _____

Teen Center Consents

Teen Name: _____ Age/Grade: _____

Parent(s)/Guardian Name(s): _____

Print Name: _____ Cell #: _____

Please read the following statements carefully. For each statement, check "yes" or "no" and initial (or sign) under each statement to grant (or deny) permission for your child to participate in stated activity, receive the stated Teen Center service, and/or to indicate that you have read and understand teen center rules and guidelines.

Rules & Expectations:

I have read and understand the rules and regulations as outlined in the teen center application. I understand that membership can be suspended or terminated for violation of teen center rules and there are no refunds.

Yes No Parent/Guardian Signature: _____
Teen Initials: _____

Transportation Waiver:

I/We the parent(s)/guardian(s) of the above named person give permission for our child to be transported in the Carver van to and from Carver events. In the event of injury, we release the Port Chester Carver Center from any liability. In the event of a medical emergency, I/we authorize the Port Chester Carver Center staff to seek medical attention and treatment for the above named child.

Yes No Parent/Guardian Signature: _____

Medical Authorization:

I/We the parent(s)/guardian(s) of the above named person give the Port Chester Carver Center staff/designated chaperone permission to seek medical attention, if needed by my child as the result of participating in this program or other related events, workshops, and/or field trips. I hereby authorize emergency medical treatment for my child, and I agree to assume the cost of any treatments.

Yes No Parent/Guardian Signature: _____

Media/Photo Authorization:

I authorize the use of any photographic images taken of my child while participating in Carver Center events to be used for Carver Center promotional or marketing materials.

Yes No Parent/Guardian Signature: _____

Health & Wellness:

I give my child permission to participate in a health and wellness group, (i.e. Girl's Circle or Council for Boys and Young Men) if invited. These groups address personal challenges, healthy boundaries, interpersonal communication, and conflict resolution.

Yes No Parent/Guardian Signature: _____



Medical and Mental Health Consent Consentimiento Médico y de Salud Mental

I, _____, hereby authorize the Carver Center to have under its care my child, _____, and declare the Carver Center After School Program, Summer Program and Teen Center Program exempt of any legal liability during activities in which my child participates. We are committed to the health and wellbeing of your child and our team includes a New York State Licensed Social Worker who provides mental health support and who may work in your child's classroom and/or work with your child individually. We focus on developing constructive methods for coping with stress and triggers, relaxation techniques along with emotional regulation and conflict resolution skill building. The main role of our social worker is to facilitate pro-social behaviors and assist with any crisis intervention, if needed.

In case there is an emergency, I give my consent for Carver Center staff to provide first aid and mental health support and/or take my child to the nearest hospital/emergency room or have the doctor administer the necessary medical treatment to stabilize my child. I understand that every effort will be made to contact me before any action is taken.

Signature of Parent/Guardian

Date

Yo, _____, autorizo al Carver Center a tener bajo su cuidado a mi hijo/a, _____, y declaro que el Programa Carver Center después del horario escolar, el Programa de Verano y el Programa de Centro para Jóvenes están exentos de cualquier responsabilidad legal durante las actividades en las que mi hijo/a participe. Estamos comprometidos con la salud y el bienestar de su hijo y nuestro equipo incluye a un Trabajador Social con Licencia del Estado de Nueva York que brinda apoyo de salud mental y que puede trabajar en el salón de su hijo/a y trabajar con su hijo/a individualmente. Nos centramos en el desarrollo de métodos constructivos para hacer frente al estrés y desencadenantes, técnicas de relajación junto con la regulación emocional y la construcción de habilidades de resolución de conflictos. El papel principal de nuestro trabajador social es facilitar comportamientos pro-sociales y ayudar con cualquier intervención de crisis, si es necesario.

En caso de una emergencia, doy mi consentimiento para que el personal del Carver Center proporcione primeros auxilios y apoyo de salud mental y/o lleve a mi hijo/a al hospital / sala de emergencias más cercano o que el médico administre el tratamiento médico necesario para estabilizar a mi hijo. Entiendo que se hará todo lo posible para ponerse en contacto conmigo antes de tomar cualquier medida.

Firma de Padre o Tutor

Fecha