

**Membership Application/Release Form  
Gresham Corps Youth Center  
September 2011-June 2012**



**DOING THE  
MOST GOOD<sup>SM</sup>**

**Personal Information Delegate**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
School Attended \_\_\_\_\_ District \_\_\_\_\_ Grade \_\_\_\_\_

Fees are \$100 per year (non-refundable) Amount \$ \_\_\_\_\_ Date fee received \_\_\_\_\_  
Scholarships are available to those who qualify for free or reduced lunches at school.  
I would like to apply for a Scholarship \_\_\_\_\_ (Please complete an application and return it as well)

**Behavior Agreement**

I AGREE to follow the center rules and I understand that if I violate the center rules that I may be suspended. I also understand that membership fees are not refundable. I understand that The Salvation Army is not responsible for lost or stolen items.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Your Parent/Guardian**

I understand that if my child violates the Youth Center rules they may be suspended. Initial \_\_\_\_\_ (We will contact you to inform you of this decision and work together to develop an agreement for return to the Youth Center.)  
I understand membership fees are not refundable under any circumstances. Initial \_\_\_\_\_  
I understand membership fees are not refundable. Initial \_\_\_\_\_  
I also understand The Salvation Army is not responsible for lost or stolen items. Initial \_\_\_\_\_

**Permission to Travel**  
I understand that my child may participate in field trips by The Salvation Army Gresham Corps including religious services. I understand that my child will be traveling in The Salvation Army vehicles as a part of The Salvation Army outing. The health history is correct so far as I know, and the person herein described has permission to engage in all prescribed outing activities except as noted. (Parents will be notified of field trips in advance and will need to sign and additional consent form for each field trip.) Initial \_\_\_\_\_

**Authorizations for treatment:** I hereby give permission to the medical personnel to order X-rays, routine tests, treatment; to release any protected health information or records necessary for insurance purposes or outing operations; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the outing director to secure and administer treatment, including hospitalization for the child named above. Initial \_\_\_\_\_

**Photograph Release:** I hereby give permission for my child to be photographed for the possibility of being used in Salvation Army publicity and I give exclusive right to these photos to The Salvation Army and waive all claims for compensation for such usage. Initial \_\_\_\_\_

**Parental Consent**  
I hereby authorize my child to participate in **The Salvation Army Gresham Corps Youth Center** program. As the parent or legal guardian of the above named minor, agree to relieve The Salvation Army or its directors, officers, employees, agents or other representative from any and all liability in connection with any loss, damage or injury arising in connection with my child's participation in this program. Initial \_\_\_\_\_

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

# DELEGATE HEALTH AND MEDICAL HISTORY



DOING THE MOST GOOD

This page to be filled out by parent or legal guardian. Please read carefully.

**All participants must be able to administer his/her own medications!**

Delegate Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
LAST FIRST INITIAL

Parent / Legal Guardian / Spouse \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET & NUMBER CITY STATE Province (AREA CODE) – NUMBER

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET & NUMBER CITY STATE PROVINCE (AREA CODE) – NUMBER

Emergency Contact Name: (Please Print): \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET & NUMBER CITY STATE PROVINCE (AREA CODE) – NUMBER

**HEALTH HISTORY**  
 (Check and give approximate dates.)

\_\_\_\_\_ Frequent Ear Infections  
 \_\_\_\_\_ Heart Defect/Disease  
 \_\_\_\_\_ Convulsions/Seizures  
 \_\_\_\_\_ Diabetes  
 \_\_\_\_\_ Bleeding/Clotting Disorders  
 \_\_\_\_\_ High Blood Pressure  
 \_\_\_\_\_ Mononucleosis  
 \_\_\_\_\_ Psychiatric Treatment  
 \_\_\_\_\_ Strep Throat  
 \_\_\_\_\_ Lead Poisoning  
 \_\_\_\_\_ Sickle Cell

**Diseases**

\_\_\_\_\_ Chicken Pox  
 \_\_\_\_\_ Measles  
 \_\_\_\_\_ German Measles  
 \_\_\_\_\_ Mumps

**Allergies/Allergic Conditions**

\_\_\_\_\_ Hay Fever  
 \_\_\_\_\_ Poison Ivy, etc.  
 \_\_\_\_\_ Insect Stings (reaction?) \_\_\_\_\_

\_\_\_\_\_ Penicillin  
 \_\_\_\_\_ Other Drugs  
 \_\_\_\_\_ Asthma (reaction?) \_\_\_\_\_

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Has delegate ever required hospitalization, medical, or other treatment? \_\_\_\_ Yes \_\_\_\_ No Explain: \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Other diseases/conditions \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Special restrictions or considerations regarding health related information while at camp: \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

**Name of family physician/clinic** \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Do you carry family medical/hospital insurance \_\_\_\_ Yes \_\_\_\_ No

If so, indicate: Carrier \_\_\_\_\_

Policy or Group # \_\_\_\_\_

Medical Assistance # \_\_\_\_\_

**For Females** (under age 18)  
 Has this person menstruated? \_\_\_\_\_ If not has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special considerations? \_\_\_\_\_

**This box must be signed & dated prior to membership**

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed outing activities except as noted.

**Authorization for treatment:** I hereby give permission for the outing personnel to give my child First Aid and medication as described in the retreat standing orders, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for myself/my child. In the event I (parent or guardian) or my emergency contacts cannot be reached in an emergency, I hereby give permission to the physician selected by the outing director to secure and administer treatment, including hospitalization, for my child (camper under age 18) named above. The completed forms may be photocopied for transport.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 SIGNATURE OF PARENT / LEGAL GUARDIAN / ADULT CAMPER OVER AGE 18 DATE

I also understand and agree that the person documented above will abide with the restrictions placed on his/her camp activities.

The sole purpose of this information is to identify appropriate health care needs.



## The Salvation Army Gresham Corps Youth Center Policies

### Ages of Children Accepted

Grades 1-6 will be accepted for the program.

### Hours of Operation

The Youth Center will be open Monday-Friday from 2:30-6:00pm on school days. We will follow the Reynolds School District Elementary School Calendar. We will open 1 hour and 10 minutes early for Reynolds elementary students on early release dates. Students may not be dropped off early. We will also close on all holidays. \_\_\_\_\_ INT.

### Daily Attendance

The Youth Center is a drop in facility and we will make every effort to accept all students on a daily basis however if we reach our capacity due to space or staffing we may have to turn away students. We are still seeking volunteers to help us increase our capacity so if you are interested in helping please let us know.

INT. \_\_\_\_\_

### Youth Center Closure

We may have to close the Youth Center without notice in the case of shortage of staff and volunteers due to sickness or other extenuating circumstances. We will work very hard to avoid this situation. We will do our best to try and contact you in advance.

\_\_\_\_\_ INT.

### Discipline

Discipline may include measures of diversion, separation of the child from problem situations, talking with the child about the situation, limited involvement in activities, and praise for appropriate behavior. No physical or emotional harm will be tolerated by program participants.

Parents/Guardians will be notified of discipline issues and a report kept on file. Offenses may include, but are not limited to physical or verbal altercations, property damage, and theft. Parents may be assessed fees for any property damage that may occur. No refund will be given for suspension or expulsion. The following may be the actions taken for the above referenced offenses.

- ◆ First offense is a warning and parents are notified.
- ◆ Second offense is a one-day suspension
- ◆ Third offense is a one-week suspension
- ◆ Fourth offense is a one-month suspension and parents, staff and students must participate in a conference to determine if student will be allowed to participate in future activities. Upon return to program a special behavior agreement will be made and agreed upon by all parties.

**Fighting and other violent behavior will not be tolerated. We reserve the right to suspend or even expel the student on the first offense if the situation deems it necessary. \_\_\_\_\_ INT.**

### **Illness, Accidents, & Injuries**

Parents will be notified of illnesses. Students are not allowed in the youth center if they have a fever, communicable disease, rash, head lice, or other contagious conditions. \_\_\_\_\_ INT.

### **Lost Children and Other Emergencies**

If a child becomes lost or runs away, local authorities and parents will be notified immediately after all steps have been taken to locate the child. We will strongly encourage your child to stay until their planned departure time, however we will not restrain them from leaving. \_\_\_\_\_ INT.

### **Transporting Children**

Parents will be notified prior to any excursions. Parental permission must be obtained for a child to be able to participate in any field trips. Modes of transportation may include but are not limited to; walking, use of public transportation, bus rental, or Salvation Army owned vehicles. No transportation to and/or home will be provided. \_\_\_\_\_ INT.

### **No Re-entry**

Once students have signed out for the day there will be no re-entry. Youth will be asked to leave the property and may not linger outside. We want to be sure youth are safe and supervised at all times; however after they sign out we cannot be responsible to supervise them. \_\_\_\_\_ INT.

### **Picking Up Children**

Children will be released only to those authorized on the Transportation Agreement and a copy of their ID will be required to verify the identity of the individual. Parents must notify The Salvation Army if any individual not listed on the form is to be given permission to pick up a child. If a child is allowed to sign his/herself out written authorization from parents must be obtained. \_\_\_\_\_ INT.

### **Failure to Pick Up a Child**

Children must be picked up by 6:00pm. A late fee will be assessed for children picked up after 6:00 at \$5.00 for every 15 minutes past 6:00pm. Students will not be permitted to return to the Youth Center until payment has been made. Parents and other contacts will be called if a child remains at the Youth Center after closing hours. If a child is not picked up by 7:00pm.; the police and/or DHS will be notified and custody given to them. \_\_\_\_\_ INT.

### **Medications**

Staff or volunteers will not administer or dispense medications. \_\_\_\_\_ INT.

### **Allergies**

It is the responsibility of the parent/guardian to notify staff of allergies in writing. \_\_\_\_\_ INT.

### **Personal Belongings, Electronic Devices, & Money**

The Salvation Army is not responsible for any lost or stolen items that the child may bring to the Youth Center. Valuables should be left at home. Students will not be allowed to use electronic equipment such as... cell phones, mp3/ipods, gaming systems or electronic devices. They may use their cell phone with permission to call their parents only. \_\_\_\_\_ INT.

**Visitors**

We welcome and encourage parents and family members to visit their students at the youth center. All visitor must sign in at the office before entering the youth center giving their name, and purpose of visit. If you visit on a regular basis you will be required to transition to a volunteer status and participate in our child safety training. (All staff and volunteers are required to complete and pass a criminal background check.) This is for the safety and protection of your children and all of our students. \_\_\_\_\_ INT.

**Inclement Weather**

We will follow the Reynolds School District closure schedule. If there is inclement weather we will NOT use our vehicles to pick students up from school. INT. \_\_\_\_\_

**Fee Schedule**

Our school year membership is \$100.00 per child, per year. Scholarships are available to students who qualify for free or reduced lunch. Scholarship membership is \$10.00 per student, per school year.

**There will be no refunds.**

We may have opportunities for camps, day camps, and other activities throughout the year for an additional fee. \_\_\_\_\_ INT.

**I have read, understand and agree to The Salvation Army Gresham Corps Youth Center Policies.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The Salvation Army Gresham Corps  
Youth Center  
Transportation Agreement**

Please complete all areas of the Transportation Agreement

**Permission for student to sign self out and walk home from the Youth Center.**

**Yes** I give permission for my child \_\_\_\_\_ to sign themselves out  
*Child's Name*  
from The Youth Center and walk home.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**No** I do not give my child \_\_\_\_\_ permission to sign themselves  
*Child's Name*  
out from the Youth Center and walk home.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Picking Up Children**

Children will be released only to those authorized and a copy of their ID will be required to verify the identity of the individual. Parents must notify The Salvation Army if any individual not listed on the form is to be given permission to pick up a child.

I give permission for my child \_\_\_\_\_ to be picked up by the  
*Child's Name*  
drivers listed below. Use back of this sheet if necessary.

Name

Phone #

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*