



THE SALVATION ARMY COMMUNITY YOUTH CENTER

TODAY'S DATE _____

Youth's Name _____
First Middle Last

Home Address _____ **City** _____ **Zip** _____
Street Apt. #

Phone (____) _____ **Alt Phone** (____) _____

Age _____ **Birth date** ____/____/____ **Sex** (*circle*) M F **Country of Origin** _____

Ethnic Identity (*circle*) African Asian or Pacific Islander Hispanic Caucasian

African-American Other _____

CHILD LIVES WITH: (*Circle one*) Both parents Mother Father Aunt/Uncle Sister/Brother
Grandparent Other _____

Name of School _____ **Grade** _____ **Teacher** _____

How often does your child attend church? Weekly ___ Monthly ___ Ocassionally ___ Does not attend ___

Person(s) authorized to take your child from the facility _____ **Phone:** _____
_____ **Phone:** _____
_____ **Phone:** _____

PHOTO RELEASE:

I grant permission for The Salvation Army to use my child's photograph or any likeness thereof for the purposes of publications, public testimonials, publicity, and community relations purposes. To obtain from photo, video, interview or other documenting medium the subjects right to use their portraits, actions and statements in Salvation Army publications, promotions, and/or advertising. I hereby irrevocably grant to The Salvation Army the absolute right and permission to copyright and/or publish or use photographic portraits of me, or in which I may be included in whole or in part, or composite or distorted in character or form, in conjunction with my name or a fictitious name, or reproductions thereof in color or otherwise, made through any media, for art, advertising or any other lawful purpose whatsoever. I also grant The Salvation Army the same right and permission to use any statements or testimonials made by me.



THE SALVATION ARMY COMMUNITY YOUTH CENTER

Parent's Signature _____

MEDICAL RELEASE AND HEALTH HISTORY INFORMATION:

Accidents or sudden illness involving children can occur at any time and place. Unfortunately, many times parents or guardians are not available to give hospital emergency staff important health information about their child and the legal permission needed to provide the necessary medical treatment. The following pre-consent form enables health care professional to treat your child for minor emergencies when, and only when you cannot be notified.

I, _____ parent/legal guardian of _____,
(Signature here) Child's Name

authorize healthcare personnel to treat the above named child in an emergency while being cared for at The Salvation Army.

*In the event of a medical emergency, I: (Please Check One)

_____ give my permission for my child to be treated medically
_____ Under NO circumstances do I want my child to be treated medically

*In case of emergency contact 1 (Please print)

_____ Phone _____

*In case of emergency contact 2 (Please print)

_____ Phone _____

*In case of emergency contact 3 (Please print)

_____ Phone _____

Preferred Physician _____ Phone _____

Preferred Hospital/Medical facility _____

Name of child's physician _____ Phone _____

Medicines your child is taking now: _____

Allergies, if any, including medication _____

Chronic or existing disease/medical problems (diabetes, epilepsy, etc.)

Please provide up-to-date Immunization History

Date of last tetanus booster ____/____/____

Medical Insurance carrier _____

Member's Name _____

HEALTH HISTORY: (give approx. dates)

- ___ Frequent ear infections
___ Heart defect/disease
___ Convulsions
___ Diabetes
___ Bleeding, clotting disorders
___ Hypertension
___ Mononucleosis
___ Psychiatric treatment
___ Strep throat

Diseases:

- ___ Chicken Pox
___ German Measles
___ Mumps
___ Lead Poisoning
___ Sickle Cell

Allergies: (dates not needed)

- ___ Hay Fever
___ Poison Ivy, Etc.
___ Insect Stings
___ Penicillin
___ Other Drugs
___ Asthma
___ Other (specify)



THE SALVATION ARMY COMMUNITY YOUTH CENTER

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

Print Parent/Guardian's Name _____ **Phone** _____

Salvation Army Rep./Witness _____ **Date** _____

Youth Center Guidelines:

- I understand that it is important for me to listen to and follow instructions of all Salvation Army Community Youth Center staff.
- I understand that I need to treat the other participants, staff and property with respect.
- I understand that foul language is not permitted.
- Although cell phones and other electronic devices are not prohibited, I understand that staff of The Salvation Army will not be held responsible for such items and that I have the responsibility to keep such items under my own care.
- I understand the dress code guidelines listed on the following page and will dress accordingly at all times while in the Center.
- I understand that if I do not choose to follow these guidelines every day that one or more of the following consequences for my behavior may be applied:
 1. Suspension of privileges (No computer use, no use of game systems, etc.)
 2. Parents will be notified
 3. Dismissal from the Center for a minimum of one day or longer suspensions if deemed necessary by the Director

“My child and I have read, understand and will accept the guidelines and consequences listed above.”



THE SALVATION ARMY COMMUNITY YOUTH CENTER

Signature of Parent/Guardian

Date

Child's Signature

Date

Salvation Army Community Youth Center Dress Code:

All participants of the Salvation Army Community Youth Center will dress in a manner reflecting respect toward self and toward other participants and staff.

- Hats will be removed upon entering the Center
- Gentlemen will keep their shirts on at all times. A locker room is provided for changing into gym clothes. Pants will be pulled up at all times. Underwear will not be showing.
- Ladies will not wear tops with 'spaghetti' straps. Back, cleavage and belly will not be exposed. No 'short' shorts or tight shorts will be allowed.

Failure to follow these simple guidelines will result in your dismissal from the center for the day.

“My child and I have read, understand and will follow the dress code guidelines listed above.”

Signature of Parent/Guardian

Date

Child's Signature

Date