

# TEEN HAVEN PROGRAM MEMBERSHIP FORM



“Equipping Urban Youth through Christian Faith & Guidance”

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/Guardian 1: \_\_\_\_\_  
Home Address (if different than child's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_  
Home Address (if different than child's): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please indicate any allergies, medical conditions or learning disabilities that the staff should be aware of (medications, food allergies, etc.):

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:** This contact should not be the same as the previous information.

Name of Emergency Contact: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_



### Medical Contact:

Name of Primary Physician/Clinic: \_\_\_\_\_

Phone # of Physician/Clinic: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_  No insurance at this time

### Consent and Release Form:

- As parent or legal guardian of the above named student, I give my permission for my child to attend Teen Haven programs. I do hereby release and indemnify Teen Haven and/or Water Street Mission of any and all responsibility resulting from injuries, which may be obtained by my child in route to or from, or while at Teen Haven programs.
- I give my consent for a Teen Haven staff member to directly contact myself or my child via text message or social media messages concerning Teen Haven activities and events during or before program hours.
- In case of an emergency, I hereby give Teen Haven staff and/or volunteer's full permission and authorization to secure emergency medical treatment for my child at the hospital of their choice in the case of an emergency. I also authorized that hospital to provide any and all necessary treatments.
- I understand the likeness of my child may appear in program/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.
- I understand Teen Haven staff and volunteers must have an active role in the discipline of my child while he/she is involved in Teen Haven programs. I will support the staff and volunteers in their supervisory efforts.

Parent/Guardian Name (print): \_\_\_\_\_

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

## Youth Expectations and Code of Conduct

Teen Haven is committed to creating a safe, fun, and loving environment for our youth, staff and volunteers. Any form of abuse or mistreatment of youth, children, employees, and volunteers is prohibited. Youth shall not abuse or mistreat employees, volunteers or other youth in any way. Use of abusive language, obscene or profane language, including racial, religious or sexual references, any form of bullying directed towards another will not be tolerated. By treating others with respect, we all contribute to having a safe, fun and loving environment.



### Appropriate Interactions for youth:

- Handshakes
- Fits bumps
- High Fives
- Touching hands, shoulders or arms
- Pats on the should or upper back
- Side hugs
- Appropriate jokes
- Encouragement
- Verbal praise
- "Words That Build", words and phrases that encourage, inspire, and motivate



### Inappropriate Interaction for youth:

- ⊗ Cursing
- ⊗ Bullying
- ⊗ Name calling
- ⊗ Shaming
- ⊗ Belittling
- ⊗ Derogatory remarks
- ⊗ Making threats
- ⊗ Harsh or frightening remarks
- ⊗ Ridicule or humiliation
- ⊗ Kissing
- ⊗ Showing affection in isolated area
- ⊗ Lap sitting
- ⊗ Wrestling
- ⊗ Piggy back rides
- ⊗ Any form of unwanted physical contact
- ⊗ Hitting
- ⊗ Slapping
- ⊗ Viewing or showing pornographic materials
- ⊗ Exposing oneself
- ⊗ Off color or sexual jokes
- ⊗ Touching bottom, chest or genital areas

### Personal Relationships

Appropriate personal relationships between youth are encouraged. However, youth are not permitted to hold hands, sit on others' laps, use full-frontal hugs, kiss or demonstrate other forms of physical affection/touch while in programming.

**There should never be, under any condition, a romantic or otherwise personal relationship between a youth and an employee or volunteer.**

*Violation of these expectations are to be reported to a Program Manager. If you observe something questionable, please talk to a Program Manager or the Director.*

**Anyone who violates these policies may be subject to disciplinary action, from warning to dismissal and/or prosecution.**

I have read and agree to adhere to the expectations listed above. I understand that failure to comply can result in suspension.

Student Name (print): \_\_\_\_\_

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