

Office Use Only  
(CREDIT/DEBIT CARD OR MONEY  
ORDER ONLY)

Yes, proceed.  
 Income Verified  
Amount Paid \_\_\_\_\_  
Income bracket \_\_\_\_\_

# Teen Center Summer Program

City of Santa Fe  
Carlos Ortega Teen Center  
2019

PLEASE PRINT

| TEEN'S INFORMATION   |  |              |                   |             |
|--|--|--------------|-------------------|-------------|
| NAME   |  |              |                   |             |
| ADDRESS  |  |              |                   |             |
| DATE OF BIRTH  |  | AGE          | SEX               | VERIFIED BY |
| PARENT'S INFORMATION   |  |              |                   |             |
| <b>MOTHER'S NAME</b>   |  |              |                   |             |
| ADDRESS  |  | HOME PHONE # |                   |             |
| EMPLOYER   |  | WORK PHONE # |                   |             |
| <b>FATHER'S NAME</b>   |  |              |                   |             |
| ADDRESS  |  | HOME PHONE # |                   |             |
| EMPLOYER   |  | WORK PHONE # |                   |             |
| EMERGENCY INFORMATION  |  |              |                   |             |
| <b>Name two (2) relatives or friends in Santa Fe to act on behalf in case you or your spouse cannot be reached.</b>  |  |              |                   |             |
| NAME   |  | RELATIONSHIP |                   |             |
| ADDRESS  |  | PHONE NUMBER |                   |             |
| NAME   |  | RELATIONSHIP |                   |             |
| ADDRESS  |  | PHONE NUMBER |                   |             |
| <b>The name and phone number of the doctor who treats your teen.</b>   |  |              |                   |             |
| NAME   |  | PHONE NUMBER |                   |             |
| HOSPITAL   |  | PHONE NUMBER |                   |             |
| Does your teen currently take medication? [ ] Yes [ ] No   |  |              | If yes, what?     |             |
| <b>Does your teen have a medical condition such as epilepsy which we should be aware of? If yes, please describe:</b>  |  |              |                   |             |
| <b>Does your teen have a disability which will require special accommodation? If yes, please describe:</b>   |  |              |                   |             |
| Does your teen have any allergies? [ ] Yes [ ] No  |  |              | If yes, describe: |             |
| Care instructions for any conditions marked YES.   |  |              |                   |             |
| Date of Last Tetanus Shot:   |  |              |                   |             |
| PERMISSION FOR EMERGENCY CARE  |  |              |                   |             |
| <i>I hereby authorize the Community Services Department/Summer Program staff to take my teen to the physician or hospital named above for medical treatment in the event of an emergency, if neither my spouse nor I can be reached.</i> |  |              |                   |             |
| SIGNATURE  |  | DATE         |                   |             |
| <i>I also authorize any licensed physician or medical treatment center to treat my teen in case of an emergency in which the above named physician cannot be reached.</i>  |  |              |                   |             |
| SIGNATURE  |  | DATE         |                   |             |

OVER



**RELEASE OF LIABILITY**

I, or we, as the legal parent(s) or guardian(s), of the registered teen to hereby agree to release, hold harmless and forever give up any claim against the City of Santa Fe that may arise in the future for damage on account of bodily injury, personal injury or property damage in any manner out of participation in the City of Santa Fe Summer Youth Program. I also understand that should my teen be injured while participating in this program, I cannot hold the City responsible. Below are rules, regulations and policies pertaining to the City's Summer Youth Program. By signing the Parental Agreement, you have acknowledged that you fully understand the conditions of the program and the potential actions that the program administrators can take should there be any violations of the rules and policies either on your behalf or on the behalf of your child.

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

**PARENT'S AGREEMENT**

1. Operating hours are **7:30 a.m. to 5:30 p.m.** Monday through Friday. For liability purposes, parents are not to drop off teen prior to 7:30 a.m. Equally important, parents **MUST** pick up teens **no later than** 5:30 p.m. Staff will reserve their right to drop teens from the program immediately should this condition be violated.
2. If anyone other than the parents will be picking up your teen, we must be provided with written authorization and the name of the individual(s).
3. Teens will not be allowed to leave the site on their own. For teens that do leave the site, staff has been directed to immediately advise the parents. Teens will be subject to suspension or expulsion from the program should they leave the program without formal authorization from parents.
4. Parents will be required to sign a permission slip when their teen is going on field trips or to watch movies or videos.
5. If teens do not adhere to rules and regulations of the program, they may be subject to suspension and expulsion from the program, depending on the severity of the incident.
6. Teens will be responsible for the care and use of the program equipment. Teens who abuse or damage the equipment or school property will be subject to suspension or expulsion from the program and any damages will be assessed to the parents.
7. Parents **must notify** the site supervisor if their teen will not be attending in order to be excused. Teens with three (3) unexcused absences will be dropped from the program and that slot will be immediately filled with a teen from the waiting list.
8. If your teen becomes ill at home (e.g., with a cold or flu), that can infect other teens. **Do not** bring the teen to the program site. Parents will be notified to take their teen home should the teen arrive ill or become ill during the program.
9. Program staff is **not** allowed to administer any medication to teens.
10. All complaints will be forwarded and handled by the program director.
11. Parents should communicate and introduce themselves to the staff of Teen Center.
12. Telephones will be available on site. Be sure to ask the site supervisor for the direct number. Parents are to call the site **only** in cases of emergency or to notify the supervisor of an absence.
13. On special event days, i.e., field trips, teens must arrive several minutes prior to departure in order to participate. Information will be provided to parents in advance.
14. Photographs, video and/or general information may be published in, or used by, any of the media or mass communication (including newspaper, magazines, television, pamphlets, etc.).
15. All parents must provide their signature acknowledging the Rules and Regulations of the Summer Program prior to or at the time of registration.

|                  |             |
|------------------|-------------|
| <b>SIGNATURE</b> | <b>DATE</b> |
|------------------|-------------|

**PARTICIPANT'S RULES AND REGULATIONS**

1. Fighting, bullying, abusive or foul language or racial teasing is not allowed and **will not** be tolerated and can lead to expulsion from the program.
2. Disrespectful acts towards staff will **not** be tolerated. Such acts will be subject to suspension and/or expulsion depending on the severity.
3. Teens **must** be dropped off and picked up between the hours of 7:30 a.m. and 5:30 p.m.
4. Teens will not be allowed to leave the site unless the parent has provided special permission.
5. Safety rules will be enforced to prevent accidents or injuries. Engaging in any activity which might endanger the health and safety of your teen and others will not be permitted.
6. Drugs and alcohol will not be allowed on or around site. Anyone under the influence of alcohol or drugs will not be permitted to remain on the premises and police will be called.
7. The City of Santa Fe Summer Youth Program and Teen Center will not be responsible for lost or stolen articles such as iPods, cell phones, etc.
8. Breakfast, snacks and lunches will be provided, on a daily basis.
9. No eating or drinking will be allowed in the transportation vans or buses. Food fights will not be tolerated.
10. No types of weapons will be allowed on sites. Violation of this rule will result in expulsion.
11. The telephone is for business purposes only. Site supervisors will not allow teens to use the phone **unless** an emergency arises.

**THE ABOVE RULES AND REGULATIONS WILL BE ENFORCED. DEPENDING ON THE SEVERITY OF THE OFFENSE, THE PARTICIPANTS MAY BE SUBJECT TO SUSPENSION OR ASKED NOT TO RETURN TO THE TEEN CENTER.**

|                                       |             |
|---------------------------------------|-------------|
| <b>PARTICIPANT'S (TEEN) SIGNATURE</b> | <b>DATE</b> |
|---------------------------------------|-------------|