



AGOURA HILLS/CALABASAS COMMUNITY CENTER

TEEN PROGRAM REGISTRATION FORM

NO REFUNDS

TEEN'S NAME _____ BIRTHDATE _____
(First) (Last) & GRADE _____

ADDRESS _____ CITY & ZIP _____

PARENT OR GUARDIAN _____ WORK PHONE _____

PARENT OR GUARDIAN _____ WORK PHONE _____

HOME PHONE (1) _____ HOME PHONE (2) _____ EMERGENCY PHONE _____

MIDDLE SCHOOL: _____

Program Name (Check all that apply)

Program Fee

After School Teen Program

Entire School Year - **\$475**

First Semester - **\$250**

Second Semester - **\$250**

Teen Climbers Program

First Semester - TUESDAYS (\$90) THURSDAYS (\$90)

Second Semester - TUESDAYS (\$90) THURSDAYS (\$90)

TOTAL FEE

Staff Name

Registration Date/Time

COMPLETE IF PAYING BY CREDIT CARD

Credit Card #

Expiration Date _____ VISA MASTERCARD

Name as it appears on card _____

MAKE CHECKS OR MONEY ORDERS PAYABLE TO:

**AGOURA HILLS/CALABASAS
COMMUNITY CENTER**

27040 Malibu Hills Road
Calabasas, CA 91302

GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the above program(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of, or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the Joint Powers Authority (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of, or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the Joint Powers Authority (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions.

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age). I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control, and I do hereby give permission for this Child to participate in the above activity. I hereby consent to emergency treatment of my minor child as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I understand the Joint Powers Authority retains the right to use photos taken during activities for publicity purposes. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this Program, the Child will be exposed to a risk of injury or death. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the Program and the need for safety precautions with the Child. I hereby execute the above Agreement, Waiver, and Release on his/her behalf.

Parent/Guardian Signature _____ **Date** _____
(Signature required to process registration)

Please indicate if this participant has special needs:

Visually Impaired Hearing Impaired Mobility Impaired Learning Impaired Other Needs _____



TEEN ENHANCEMENT PROGRAM



BEHAVIORAL CONTRACT

Thank you for enrolling your teen in the Teen Enhancement Program! To make sure this afterschool program is safe and enjoyable for all, it is very important that these rules and regulations are clearly understood by all participants and parents. Please take the time to go over these guidelines with your teen, then sign the bottom portion.

GENERAL RULES

Please abide by these rules to ensure the emotional, physical and mental safety of our teens.

- 1. TREAT OTHERS HOW YOU WOULD LIKE TO BE TREATED.** Be courteous, respectful, and helpful to yourself and everybody else.
- 2. RESPECT THE COMMUNITY CENTER.** Don't damage, destroy, or vandalize anything.
- 3. RESPECT AHCCC STAFF.** Follow all rules and instructions given to you.
- 4. IF THERE IS A PROBLEM, TELL A SUPERVISOR.** Don't tell another teen what to do, leave that up to the counselor.
- 5. YOU MUST BE SUPERVISED AT ALL TIMES.** Don't leave the designated area unless you have been given permission to.
- 6. THE TEEN PROGRAM IS OVER AT 6:30 SHARP.** When the Teen Program is over, you must wait in the lobby until your parent picks you up.

CONSEQUENCES

If a teen's behavior becomes inappropriate, as judged by the supervisors, we will take the following disciplinary action.

WARNINGS - Each time a teen breaks a rule, a warning will be given. Every warning is documented and kept on file. We will contact the parent on the first warning. It is the teen's responsibility to notify his/her parent every warning thereafter. Three warnings are equivalent to one strike.

STRIKE - Every time a teen earns a strike, the parent will be notified.

Strike 1 - No Teen Program for **one day**.

Strike 2 - No Teen Program for **one week**.

Strike 3 - The participant will be **banned** from the Community Center during Teen Program hours, for the rest of the school year. No fees will be refunded.

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PLEASE NOTE:

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: All members of the Teen Enhancement :
: Program must be supervised by AHCCC :
: staff during the program hours. :
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MISSION STATEMENT

The goal of the Teen Enhancement Program is to provide a safe haven for teens of the surrounding communities by offering fun and challenging activities that will enhance their physical, mental, and social well being.

IN ORDER TO ENROLL IN THE TEEN ENHANCEMENT PROGRAM, THIS CONTRACT MUST BE SIGNED.

We have read and discussed the above information and agree to abide by these rules.

_____ Teen Name _____ Teen Signature _____ Date

_____ Parent Name _____ Parent Signature _____ Date