



Member Application

FILLABLE ONLINE- OR PRINT LEGIBLY

STUDENT INFORMATION

Name _____

Male Female

Address _____

City _____ State _____

Zip Code _____

Email _____

Cell Phone _____

School Name _____

Current Grade _____

Birth Date ____/____/____

Do You Use Facebook? Yes No

Hobbies _____

PARENT INFORMATION

Father's Name _____

Address _____

City _____ State _____

Zip Code _____ Same address/youth

Email _____

Cell _____ Work _____

Home _____

Mother's Name _____

Address _____

City _____ State _____

Zip Code _____ Same address/youth

Email _____

Cell _____ Work _____

Home _____

I give permission for photos of my child to be used on Power House website, social media, & publications.

parent sign below Yes No

Member Agreement:

I understand that being a member of The Power House is a privilege and I represent the center by the way I act. I realize that I can lose my Power House Membership after (3) written warnings from ANY Power House Staff person for two weeks and my parents may be notified of ANY negative behavior. I also realize that The Power House is a SMOKE FREE, DRUG FREE and ALCOHOL FREE facility and I choose to abide by these standards while at The Power House. I realize when I leave the Power House I must leave the property and will not be allowed to return during the same day. I have read and understand The Power House policies & rules.

Member Signature **X** _____

For Office Use Only
Membership Number _____ Picture? _____ Date of Membership _____ Entered _____



Youth Emergency/Medical Information Form

Youth Information:

Youth Name: First _____ M.I. _____ Last _____
 Home Address: Street Address _____ City _____ State _____ Zip _____
 County of Residence: _____ Home Phone (____) _____
 Birthdate: ____/____/____ Sex: _____ Age: _____

Emergency Contact Information:

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian Name: _____ Relationship to Youth: _____

Home Address: Street Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Second Parent/Guardian or other Emergency Contact:

Parent/Guardian Name: _____ Relationship to Youth _____

Home Address: Street Address _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Medications: All prescription medicine must be in original containers. Medications need to be followed as instructed on the bottle, if there is a change, please attach a physician note.

Name of Medication	Dosage	Times Given	Reason	Prescribing Physician

Medications will only be dealt with if medically necessary as part of a prescribed regimen that occurs during Power House Event hours.

Name, Last, First, Initial _____

Year, Month, Day _____

Health History:

Primary Physician Name: _____ Phone Number: _____

Is the youth allergic to?

Bee Stings Yes No Penicillin Yes No Food (gluten, nuts, etc...) Yes No
Dairy Yes No Poison Ivy/Oak Yes No Other Yes No

Is the youth subject to?

Frequent Colds Yes No Sinus Trouble Yes No Kidney Trouble Yes No
Convulsions Yes No Sleep Walking Yes No Frequent Sore Throats Yes No
Upset Stomach Yes No Constipation Yes No Bed Wetting Yes No
Ear Trouble Yes No Fainting Yes No Other Yes No

Has the youth had?

Tuberculosis Yes No Athletes Foot Yes No Seasonal Allergies Yes No
Heart Trouble Yes No ADD/ADHD Yes No Hernia (Rupture) Yes No
Chicken Pox Yes No Bronchitis Yes No Rheumatic Fever Yes No
Diabetes Yes No Asthma Yes No Eating Disorder Yes No

If you answered 'yes' to any of the above questions, please explain in the space below (an additional sheet may be attached for more room):

Has the youth had any operations or serious injuries? Yes No If 'yes', please comment:

Are there any restrictions of activity for medical reasons? Yes No If 'yes', please comment:

Are there any additional details or information regarding the youth's health that either the youth center staff or an attending doctor should know?

Special Needs: If your child has any physical, emotional, behavioral, or cognitive special needs you must contact the Executive Director ASAP to discuss necessary arrangements.

PARENT/GUARDIAN AUTHORIZATION:

This health history is correct and accurately reflects the health status of the youth to which it pertains. The youth described has permission to participate in all center activities except as noted by me on this form. I understand that the information on this form will be shared on a "need-to-know" basis with PH staff. I give permission to photocopy this form.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Youth: _____

This form must be completed prior to the youth attending Power House or Power House events. Failure to properly complete and submit this form may result in the non-acceptance of the child/youth into the Power House Center This form should be returned via USPS mail or scanned / emailed with signatures.

Power House shall not be held responsible for medical expenses incurred by youth through accident or illness before, during, or after enrollment in the PH Center.

Welcome! The Power House hopes to provide your child with a fun and positive experience they will remember for many years to come. To help us provide a safe, secure, and enriching environment for our youth, all participants are expected to follow the Code of Conduct and to interact appropriately and positively in a group setting.

As a part of our program, the Power House wishes to encourage and teach responsibility and respect. This Code of Conduct has been created to encourage all minors participating in any of our youth activities to foster these traits.

Power House Code of Conduct

As a Power House participant **I will:**

- Show respect to other participants and treat them as well as I would like to be treated.
- Understand that Power House staff are in charge and respect their authority.
- Know and follow the rules of the program in which I am participating.
- Respect the rights and beliefs of others and treat others with courtesy and consideration.
- Communicate in an appropriate manner; refrain from using foul language or gestures, harsh words or tone of voice.
- Conduct myself responsibly to avoid risky (or unsafe) horseplay, unwelcome teasing or other unkind behaviors.
- Use facility equipment, supplies and resources properly.
- Respect the property of others.
- Participate appropriately. I will not disrupt the environment or hinder the experience of others.
- Check in, always remain within the facility boundaries and not leave without checking out.
- Refrain from deliberately causing bodily harm to other participants or staff. I understand that pushing, kicking, hitting, or fighting are not acceptable and will not be tolerated.
- Be fully responsible for my actions and understand that failure to follow this Code of Conduct will result in disciplinary action or removal from the facility.

I pledge to be of good character. I will be worthy of trust. I will be respectful and responsible, doing what I must. I will always act with fairness. I will show that I care. I will be a good citizen, and always do my share.

I have read, understand, and agree to abide by the above expectations.

Youth signature

Grade

Cell number

Parent/Guardian signature

Date

Cell number

Power House Expectations

- 1.) All participants must sign in upon entering the Power House and must present a valid student ID or Power House card upon request by the Power House staff.
- 2.) All participants are required to enter and exit through the main door.
- 3.) For safety reasons, skateboards, rollerblades, scooters and bikes will remain outside and parked in designated areas only.
- 4.) Possession, consumption, or being under the influence of drugs or alcohol is illegal and will be dealt with according to local law enforcement procedures.
- 5.) Smoking and the use of tobacco in any form in the Power House or on the premises is prohibited.
- 6.) Possession of devices normally recognized as deadly or dangerous weapons, such as knives, guns, firecrackers, etc., is prohibited.
- 7.) Power House property and equipment must be treated with care and respect to ensure damage does not occur. Those responsible for damage due to improper behavior will be held liable.
- 8.) Public displays of affection should not go beyond hand holding.
- 9.) High standards of social conduct will be maintained. Theft, fighting, gambling, and profane language or obscene gestures are prohibited in or on premises.
- 10.) Pets are not permitted on the Power House premises.

CONDUCT MANAGEMENT

Minor incidents of code of conduct violations will be brought to the student's attention and suggestions will be made on how to correct the behavior. Continued violations will result in notification of the parent. The staff will seek parental support to resolve issues and to encourage positive program participation. Participants who remain disruptive after consultation with the parents may be suspended from the Power House.

IMMEDIATE SUSPENSIONS

Although every effort is made to correct Code of Conduct violations, at times it may be necessary for a participant to be suspended from the Power House to ensure that other participants receive the positive experience all participants should have.

Anyone fighting, stealing, vandalizing or destroying Power House property, or involved with tobacco, alcohol or illegal drugs in or around the Power House may be suspended up to one month.

Anyone threatening or intentionally causing injury to staff or volunteers may be suspended from Power House for a period of one year.

Anyone suspended for a week or more will be required to have a conference with their parent/guardian and at least one staff person before they are allowed back in the Power House.