

Second Story Teen Center

STUDENT MEMBERSHIP APPLICATION

Your confidential data helps us maintain a safe environment and helps with funding for our free programs.

Eligibility Requirements & Code of Conduct: *(Both Students and Parent/Legal Guardian need to read and sign below.)*

Second Story is a private entity that serves students without regard to race, color, sex, residency, national or ethnic origin, religion, sexual orientation, ancestry or any other protected status. To qualify for programs at Second Story, students must meet the criteria listed below. Otherwise qualified persons are not subject to discrimination.

- Be in 6th – 12th grade (beginning summer entering 6th grade through summer after HS graduation) AND at least 11, but less than 19 years of age.
- Adhere to the code of conduct and respect staff and volunteers at all times.
- Be able to function independently during programs and events AND communicate effectively with adults and other students.
- Not require fundamental alterations to Second Story programs or events and/or disrupt the harmony of the activities.
- Not undermine the safety of staff, volunteers, students or themselves.

Second Story reserves the right to deny service at any time based on any of the aforementioned eligibility requirements, or for any other reason, including the actions of the student, parent or guardian. These eligibility requirements are subject to change without notice and are permanently posted on our website for review at any time. At Second Story we maintain a safe and fun atmosphere for students based on the following Code of Conduct:

- Remain in the building for the length of the program unless you have communicated with both Second Story and your parent(s).
- Interact and respect others – Second Story staff, volunteers and other students. Listen when others talk.
- Decide to be responsible for your attitude by being open and teachable.
- Go with the flow, honor Second Story and other people's space and property. This is an illegal substance and weapon free facility.
- Encourage rather than put down others; use appropriate language.

If students are unable to adhere to the Code of Conduct and have repeated or extreme infractions, Second Story reserved the right to contact student's parent/guardian(s) and/or the authorities.

X _____ X _____
Student Signature Date Parent/Legal Guardian Signature Date

Personal Information

This information will NOT be shared outside of Second Story.

Students Last Name: _____ Student's First Name: _____
Student's Cell Phone: _____ Student's Home Phone: _____
Student's Email: _____ Gender: Male Female
Student's Date of Birth (Month/Day/Year): _____ Grade in School: 6 7 8 9 10 11 12
Student's School: _____
Home Address: _____

Student's Parent / Legal Guardian's Home Address City State Zip

Parent/Legal Guardian's Name: _____ Parent/Guardian Cell Phone*: _____
Parent Guardian Email: _____ **Parent/Guardian Cell Phone Carrier for Ck in & Out:** _____
Best way to Contact Email Cell Other _____ Parent/Guardian Home Phone: _____
*sign in requirement

Emergency Contact (Other than Parent)

In case of emergency during Second Story event, list who Second Story can contact.

Name Relationship to Student

Cell Phone Home Phone Work Phone

Second Story Teen Center

Health Conditions and Special Needs:

It is the responsibility of student and parent to disclose all relevant information.

Additional information or physician's clearance may be required.

No Health Conditions /Needs	<input type="checkbox"/>	
ADHD / ADD	<input type="checkbox"/>	(Must be Medically Diagnosed) _____
Asthma / Allergies	<input type="checkbox"/>	Mild / Moderate / Severe (Require Epi-Pen?) _____
Communicable Diseases	<input type="checkbox"/>	(i.e. HIV, Hepatitis, Lice, etc.) _____
Diet or Activity Restrictions	<input type="checkbox"/>	_____
Medications	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	Date Last Seizure: / / Seizure Type: _____
Diabetes	<input type="checkbox"/>	Type I / Type II _____
Wheelchair User	<input type="checkbox"/>	_____

Authorization of Medical Treatment

Parent/Legal Guardian needs to read and sign below.

I, parent or legal guardian of the aforementioned minor, hereby authorize and give my consent that in my absence and ability to be reached or be present, that the above named minor may be admitted to any medical facility for diagnosis and treatment. In the event of an emergency, I authorize the transportation of my child via ambulance and any and all medical treatment by ambulance staff and all emergency personnel. I hereby request that Second Story or its representative be granted the authority to make any and all medical decisions (using best judgement and upon advice of such medical or emergency personnel) for my minor child. I hereby agree to hold Second Story and/or its personal representatives, agents, assigns and /or directors harmless for the resulting consequences of such decisions. I recognize that as a result of medical treatment, that care costs may be incurred. I hereby recognize and acknowledge any medical payments and or costs, for such medical treatment incurred, including but not limited to deductibles, medical services, prescriptions and co-payments, are my responsibilities. I agree that under no circumstance will I seek any contribution from Second Story, their insurer or hold them responsible for any costs as a result of medical expenses incurred for treatment.

X _____

Parent/Legal Guardian Signature

Date

Release Agreement:

Both Student and Parent/Legal Guardian need to read and sign below.

In consideration of participation at Second Story (SS), we, the undersigned parent/legal guardian and student ("Release Student") (the parent/legal guardian and Releasor Student shall be individually and collectively referred to herein as "Releasors"), hereby agree to indemnify and hold harmless and covenant not to sue SS or its employees, agents, successors, assigns, volunteers, officers, and directors (individually and collectively referred to herein as "Releasees") and hereby waive, release and discharge Releasees from any and all claims for loss or damage, death, personal or bodily injury or property damage which Releasors may have or which hereinafter may accrue to Releasors against Releasees and for any liability arising out of connection in any way with Releasors' participation with SS. Releasors hereby agree to indemnify and hold harmless and release from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from or relating to involvement in any activity at SS or involvement with SS, whether caused by any negligent act or omission of the Releasees or otherwise. It is further understood and agreed that this waiver and release has been entered into freely and will be binding upon Releasors and their heirs, successors and assigns. Releasors expressly agree that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by Illinois law and that, if any portion of this agreement is held invalid, void or unenforceable for any reason, it is agreed that the balance or remainder shall, notwithstanding, continue to be in full and legal effect. By signing this document, Releasors agree to allow images of Releasor Student (video, photo, other digital media) captured during programs/events to be utilized in printed materials, media materials or online. Releasors agree to waive any rights of compensation or ownership of these images. Releasor Student's name will not be publicized in conjunction with these images, unless an authorized representative of SS receives verbal or written permission, Second Story is not liable for images of your child (including Releasor Student) that are "tagged" or posted by other individuals or social media or other websites.

I, as Releasor, acknowledge I have read and agree to the program policies, permissions and Code of Conduct. By signing below I acknowledge I have read this document (Student Membership Application), including this Release Agreement), agree to same and understand its contents.

X _____

Student Signature

Date

X _____

Parent/Legal Guardian Signature

Date