

Staff Use Only:

Member #: _____

Johnson Teen Center HS Membership Form

Teen's First Name: _____ Teen's Last Name: _____

Address: _____ City: Corvallis Albany Philomath Zip: _____

Date of Birth: ____/____/____ Gender: Female Male Other

Teen's Phone: (____) _____ Can JTC Text You Event/Program Updates? Yes No

Teen's Email _____ School ID # _____

School: CHS CV College Hill PHS _____ Grade: 9 10 11 12

Parent/Guardian/Emergency Contact Primary Information:

Name: _____ Phone: _____

Email: _____ (optional)

Secondary Contact (Optional)

Name: _____ Phone: _____

Please answer as much as you can: (Info used for grant applications to help fund the JTC)

Ethnicity (Circle One): African American Asian Hispanic/Latino Multi-Racial Native American Pacific Islander White

Family Setting: (Circle One) 1 Parent Family 2 Parent Family Other

How many people live in your household? (Include yourself) 1 2 3 4 5 6 7 8 9 10 Other _____

Annual Household Income: Estimate if you don't know

\$0-12,000 \$12,000-17,000 \$17,000-25,000 \$25,000-35,000 \$35,000-45,000

\$45,000-\$65,000 \$65,000-85,000 \$85,000 +

Are you eligible or signed up for Free/Reduced lunch at school? No Yes

See Back

Medical Information:

Any special needs you would like us to know about? (ADHD, ADD, Autism, Disabilities, etc.)

Are there any medications you would like us to know about that you are taking?

By signing below, I agree to abide by the JTC expectations that are outlined throughout the building that were created by teens and staff collaboratively. In the event that I am unwilling to meet these expectations of the space I am aware that my membership may be suspended, or revoked and I may be asked to leave the JTC for a period of time, or permanently.

JTC Expectations

Respect each other
Respect the JTC staff and staff
Clean up after YOURSELF
JUDGEMENT FREE-ZONE

I understand that I am participating at the JTC at my own risk. I agree that the JTC will not be responsible for any accident while on the premises or while engaged in any activities away from the JTC. I will not hold the members of the Board, Staff, Volunteers, or Sponsors responsible for any injury that may occur while participating in any JTC activities or programs.

I give my consent for photographs, in which I may appear, to be used in BGCC and JTC informational or marketing material and/or fund raising material. I may revoke this authorization at any time by notifying BGCC/JTC in writing.

I understand that I will be sharing my academic information with BGCC regarding my education. This information will be used for determining my current levels of academic performance as well as any area(s) of need for academic support. I may revoke this authorization at any time by notifying BGCC in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared info.

I give my permission to JTC to collect information via online or written surveys, questionnaires, interviews, and focus groups. Any and all information received will be kept strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with JTC or Club staff, Boys & Girls Clubs of America (BGCA), funders, and other community stakeholders to evidence program effectiveness and/or JTC impact on our members. I may revoke this authorization at any time by completing an opt-out document which can be obtained at the front office of the BGCC.

Teen's Signature: _____ Date: _____/_____/2020-21

JTC Staff Signature: _____ Date: _____/_____/2020-21

Notice to High School Member Parent/Guardian

If possible, please read and sign this notice and return to the Teen Center.

This is to notify you that your teen has signed up for a free JTC membership. Please take a moment to read the below information about their JTC membership. If you have questions about their membership please contact the High School Teen Center Director Casey Higgins at caseyhiggins@bgccorvallis.org or 541-757-1909 x.207.

Below please find the basic agreement that your teen will abide by while at the teen center along with the JTC expectations that are outlined throughout the building. In the event that your teen is unwilling to meet these expectations of the space you and your teen are aware that their membership may be suspended, or revoked and they may be asked to leave the JTC for a period of time, or permanently.

<p><u>JTC Expectations</u> Respect each other Respect the JTC staff and staff No "F" bombs Clean up after yourself JUDGEMENT FREE-ZONE</p>

I understand that my teen is participating at the JTC at their own risk. You agree that the JTC will not be responsible for any accident while you or your teen is on the premises or while engaged in any activities away from the JTC. You will not hold the members of the Board, Staff, Volunteers, or Sponsors responsible for any injury that may occur to your teen while participating in any JTC activities or programs.

I give my consent for photographs, in which your teen may appear, to be used in BGCC and JTC informational or marketing material and/or fundraising material. I may revoke this authorization at any time by notifying BGCC/JTC in writing.

I understand that my teen will be sharing academic information with BGCC regarding their education. This information will be used for determining their current levels of academic performance as well as any area(s) of need for academic support. I may revoke this authorization at any time by notifying BGCC in writing, however, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared info.

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Parent/Guardian signature

Date

Johnson Teen Center
1112 NW Circle Blvd
Corvallis OR 97330

Ph: 541-757-1909 x225
Email: tcenter@bgccorvallis.org

