Family Pathways Teen Center Rules

Family Pathways Teen Center activities are intended to be safe, educational, and enjoyable for all teens, volunteers, and staff. We expect everyone to be respectful of the building, equipment, and supplies. Family Pathways is a **SMOKE FREE** facility. We will not tolerate the use of any alcohol, drugs, and any other mood altering substance at anytime. Violence and the use of weapons are not allowed.

1. **Agreement:**
   All teens that participate in the Family Pathways Teen Center activities must complete the attached forms and return it with parent or legal guardian signature.

2. **Respect:**
   All teens, staff, and volunteers will treat one another with respect. No hitting, kicking, swearing, racial or sexual comments or contacts is allowed.

3. **Restricted Areas:**
   Teens are **NOT** allowed in the staff offices without permission.
   All staff desks and computers are **OFF LIMITS**.

4. **Signing in and out:**
   Every teen must sign in when entering and exiting the building. Some centers may require you to sign out, also.

5. **Computer Use:**
   Each teen must be logged in computers and should not be left unattended. **NO FOOD OR BEVERAGES ARE ALLOWED BY THE COMPUTERS**. No downloading or adding games. No inappropriate web site visits.

6. **Consequences:**
   First Offense – Restriction from the center and all activities for **ONE WEEK**.
   Second Offense - Restriction from the center and all activities for up to **ONE MONTH**.
   Third Offense- Restriction from the center and all activities for up to **ONE YEAR**.
   It is the decision of the staff to decide the length of restricted use of the teen center.
   Vandalism/smoking/drug use will result in the police being called and prosecution.

Agreement:

I understand the above rules and consequences and agree to meet all the expectations.

_____

Teen's Signature **Date**

_____

Parent's Signature **Date**

Family Pathways Teen Center Agreement

Teen Name _____ Sex _____Birth-date ___/___/___

Parent(s) or Guardian(s) Name _____

Address _____City_____Zip_____

Home Phone (___)_____Cell (___)_____Work (___)_____

Teen's E-mail Address _____

Teen's School _____ Grade _____

Receive Free Lunches: Yes____No____ Receive Reduced cost lunches? Yes____No____

Sibling Information: Name Age Sex

_____
_____
_____
_____

Important Medical Information about your child:

Seizures	**Yes**	**No**	
Diabetic	**Yes**	**No**	
Insulin Dependent	**Yes**	**No**	
Food Allergies	**Yes**	**No**	**Describe_____**

_____

Other Concerns _____
_____
_____

Medications _____

Dosages _____

Family Pathways Teen Center staff and volunteers will consider all identifiable information to be strictly confidential and therefore not to be shared with or discussed with any unauthorized person, either inside or outside the agency.

Authorization for Emergency Procedure Plan

In the event of a medical or situational emergency, activate the emergency plan as stated below. I authorize Family Pathways staff and/or volunteers to use their judgment in this matter and arrange for needed transportation.

Teen's Name _____Birth-date___/___/_____

Any Health Conditions_____

Parent(s) or Guardian(s) Name _____

Responsible Party to notify if parents are not available:_____ __

Address _____

Phone (___)_____ Alternative Phone (___)_____

E-mail addresses _____/_____

Insurance Information _____

Medical Assistance/MN Care information _____

Physician _____Clinic _____ Phone (___)_____

I give my permission for Family Pathways staff and/or volunteers to activate this emergency plan.
Signature_____ Date_____

My teen has my permission to participate in activities and field trips or service projects related to this program. I understand my teen's participation at the Family Pathways Teen Centers may mean that I will need to provide transportation for my child for activities unless other arrangements are pre-approved.

Parent or Guardian Signature _____Date_____

Release Forms

The undersigned hereby assigns to Family Pathways the right to use

_____ photo for the purpose of
Teen's Name
promoting Family Pathways Youth Center programs in printed material such as a pamphlet, brochure or public service announcement. This authorization is good for one year from date of signing.

If person being photographed is under the age of 21, this form needs to be signed by a parent or guardian.

Signature of participant or parent _____

Date _____

The undersigned also assigns permission to Family Pathways Staff or Volunteers the right

to transport _____
Participant's Name
As needed to and from activities or area events. This authorization is good for one year from date of signing.

Signature of teen's parent's _____

Date _____