



Registration Form

-Please press firmly and print clearly-

Today's Date: ___/___/___ Park Site (Summer Program Only) _____

Teen's Name (Last) _____ (First) _____ Gender: Male Female

Address: _____ City/Town: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Grade: _____ (Weekend: 6th to 8th Grade) School: _____

Home Phone: _____ Cell Phone: _____ Age: _____ (Summer: 12 to 15 Years)

Father/Guardian (Last) _____ (First) _____

Place of employment: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian (Last) _____ (First) _____

Place of employment: _____ Work Phone: _____ Cell Phone: _____

Person(s) to be notified in the event of an emergency if parents/guardians cannot be reached at home or work.

1) Name: _____ Phone: _____ Cell Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Cell Phone: _____ Relationship: _____

The Chemung County Youth Bureau is committed to providing the best program experience possible. Please inform us of any special considerations.

Level of swimming ability: Circle One: NonSwimmer Beginner Advanced

I consent that my teen may be included in any photograph taken while participating in The Spot events/activities and understand that they may be used for publication or publicity. Check One: YES NO

The Spot is a drop-in program. As such, teen participants of this program will be permitted to come and go from the program and events as they wish.

As the parents(s)/guardian of the above named participant, I/We hereby give my/our approval to his/her participation in any and all activities; I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Chemung County Youth Bureau, organizers, supervisors, participants, and persons transporting my/our son/daughter. Any medical expenses resulting from any injury during this program are the sole responsibility of the parent(s)/guardian of the youth named above.

In the event that Spot staff is unable to promptly locate either a parent or person designated to be notified in case of medical emergency, medical personnel may take such emergency measures as they deem appropriate and shall notify the parent or legal guardian as soon as possible.

The Spot Program is not responsible for personal items of value brought to the program.

I/We acknowledge that the above named participant is between: Summer 12 to 15 years of age, Weekend 6th to 8th grade. I/We will furnish a certificate of birth or proof of grade for the above named individual upon request of Youth Bureau Staff or their representative.

Signature of Parent/Guardian _____ Date Signed _____



Teen Participant Code of Conduct

-Please press firmly and print clearly-

The Spot Program is provided "FREE OF CHARGE." However, it is the expectation that as a participant in this program, you will demonstrate "appropriate behaviors."

I, _____ agree to the following rules, expectations, and code of conduct concerning my participation in the Spot Program:

(Initial)

I agree to maintain a cooperative attitude and follow the direction given to me by program staff.

I agree to use language and body gestures that are free of profanity and obscenities.

I agree to wear clothing that does not contain profane or obscene language or symbols.

If I choose to bring or listen to music, I agree that the music will not contain obscene or profane language.

I agree not to promote or engage in bullying, threatening, or aggressive behaviors.

I agree not to smoke cigarettes, consume alcohol, or use other tobacco products or drugs while attending the program.

I agree that if I leave any Spot event, before the end, I will not be allowed to re-enter.

I agree not to loiter near or around the building facilities during or after any Spot event.

I agree not to bring in any weapon or anything that might act as a weapon to any Spot event.

I understand that all events have a maximum capacity and once that level is met the event will be closed to all other Spot participants. Most events will be filled on a first come, first serve basis BUT participant's attitudes and behaviors will be also taken into consideration.

I understand that I must follow all of the rules stated above and if I break any of these rules I may be asked to leave the program. In cases of extreme inappropriate behavior, I understand that I may be prohibited from further attending the program or its parks, and may be brought home by the Elmira Police Department.

Teen Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

As an employee of the Chemung County Youth Bureau, I have witnessed the above signature to adhere to this Participant's Code of Conduct.

Employee Signature: _____ Date: _____

**The Spot is a program of
Chemung County Youth Bureau – 599 Harris Hill Road, Elmira, NY 14903 – Phone: 607-737-2907**

WHITE – Office Copy

YELLOW – Site Copy
Website

PINK – Parent Copy