

The Hub Membership Registration Form - Woolwich Community Services

For Youth ages 9-15

Youth Information:

First Name:	Last Name:	Preferred Name:
Age: Birthday:	School:	Grade:
Medical Conditions:		

Parent/ Guardian Information:

First Name:	Last Name:
Address:	
Cell #:	Email:
Check off if you would like: <input type="checkbox"/> Monthly Newsletter/E-blast (The Hub calendar and upcoming events are included in the E-blast)	

Emergency Contact Information (other than parent/ guardian mentioned)

First & Last Name:	Relationship to youth:
Cell #:	Best way to contact:

For Parents/ Guardians and Youth to Initial:

Parent/ Guardian Initial _____ & Youth Initial _____

I understand that the health and safety of The Hub attendees and staff is a community effort. I will not attend The Hub if I am feeling unwell, or permit my youth to attend. In order to keep everyone healthy, and to avoid the spread of contagious illness.

Parent/ Guardian Initial _____ & Youth Initial _____

I understand that situations can change rapidly and The Hub rules and protocols may change as a result. I will attempt to be flexible with The Hub staff as rules and protocols change.

Parent/ Guardian Initial _____ & Youth Initial _____

At The Hub we enforce a 3 strike policy for any inappropriate behaviours. If a youth receives 3 strikes they will be asked to leave The Hub for the remainder of the day. Behaviour that is especially unacceptable can warrant being asked to leave immediately. Tomorrow is a new day and a fresh start.

Parent/ Guardian Initial _____ & Youth Initial _____

Any youth having consistent difficulty following the guidelines at The Hub will result in a leave of absence. The Hub requires a meeting with staff and parents/ guardians to develop strategies before the youth can return. If the youth returns before this meeting can happen, they will be turned away from The Hub and parents/ guardians will be contacted.

Parents/ Guardians Initial _____ & Youth Initial _____

Property or equipment intentionally damaged by persons at The Hub will be repaired or replaced by the person who caused the damage.

Parents/ Guardians Initial _____ & Youth Initial _____

Property or equipment intentionally damaged by persons at The Hub will be repaired or replaced by the person who caused the damage.

For Youth to Initial:

Youth Initial _____

I understand that the use of profanity (swearing), rough play and/ or aggressive behaviour will not be tolerated. I understand I may be given a strike or asked to leave immediately, depending on the situation.

Youth Initial _____

I understand that discriminatory or oppressive language, jokes or actions are not allowed at The Hub. Examples include but are not limited to: put downs, making sexist, homophobic, ableist, or racist remarks. I understand that I will not speak this way. If I do speak this way and I am corrected, I will use it as a learning experience.

Youth Initial _____

I understand I am not to bully anyone whether it be physical, mental, emotional or spiritual. I understand that The Hub takes bullying very seriously. I understand that if I am caught bullying another person, this is grounds for being asked to leave immediately and having parents/ guardians contacted.

Youth Initial _____

I understand that drugs, alcohol and gambling are not permitted. I understand if I come to The Hub with these substances or under the influence I will be asked to leave.

Youth Initial _____

I understand that The Hub and the Woolwich Memorial Centre is a smoke free facility. I understand that if I smoke/ vape I will do it at least 10 meters away from any entrance/ exit.

Youth Initial _____

I understand that all trips are a privilege. Participation in these trips depends on following the same agreement as at The Hub.

Youth Initial _____

I understand that when I am using the computers at The Hub, I will act in an ethical and responsible manner. I will not engage in violent video games, inappropriate websites, download or install material, participate in illegal activities or change settings and passwords.

For Parents/ Guardians to Initial:

Parent/ Guardian Initial _____

I give permission for my youth to walk to impromptu excursions around Elmira with The Hub staff (Tim Hortons, McDonalds, walks, park, downtown...etc).

Parent/ Guardian Initial _____

I understand that there is a level of risk involved with activities and do not hold Woolwich Community Services, the Township of Woolwich, or anyone else responsible for damages, losses, injury, etc.

Parent/ Guardian Initial _____

I give permission for The Hub staff to take photos/ videos of my youth and those photos/ videos may be used as marketing material (ex. Website, Facebook, Instagram, Newspaper, Brochures, etc.)

Parent/ Guardian Initial _____

I understand Visitors/Community Educators may at times be present or present info to share youth appropriate materials for the benefit of the youth. I understand these visits will be posted on the Youth Calendar and can choose whether my child attends.

Program Arrival & Departure:

Who is permitted to drop off and pick up your child from the program? Please include first and last name, relationship, and phone number.

*Please note: When dropping/picking up, parent/guardian must check in with program staff.

*Please note: Participants must be picked up at the scheduled end of the program or a pre-arranged time.

I hereby grant permission for my child over the age of 9 to independently arrive at and depart from the program.

Emergency Medical Treatment

In the event of an accident or illness involving my child while attending the program, I hereby authorise if I am not immediately available, the administration of any medical procedure deemed necessary by the child's physician, or any other physician selected by program staff. I also give permission for my child to be transported to the physician's office or hospital's Emergency Department with no liability on the driver's part. An ambulance may be called to transport my child to the hospital if required; billing for an ambulance will be forwarded to the parental contact specified on this registration form.

Important

"I agree and confirm that Woolwich Community Services and its trustees, coordinators, employees, volunteers, etc. shall be exempt and free from liability for an damage or injury of any kind, caused to my property, and/or me, in connection with my dealings and associations with Woolwich Community Services, regardless of whether or not any of the aforementioned persons etc., may be negligent by act or by omission, in connection therewith, and regardless of how such damage or injury occurs."

Confidentiality

Your involvement with our services will remain confidential within our agency. We may keep records of our contacts with you, including information that helps us support you. These records are available to you to see if you request them. There are three instances where we are legally required to extend confidentiality to include other agencies:

- 1) If you disclose or it is suspected that there is abuse or harmful neglect of children or vulnerable adults. We must report this information to the appropriate agency and/or legal authorities. We are required by law to report any instances where we believe a child has been harmed or is at risk of being harmed. This includes if a child has witnessed a caregiver or parent being harmed. This is considered a child in need of protection.
- 2) We must release information in the case of subpoenas, search warrants, statues, and court orders.
- 3) If you indicate that you are going to harm yourself or another person, we must report to the appropriate agency and/or authorities.

Parent/ Guardian Signature: _____

Date: _____

Youth Signature: _____

Date: _____

**Thank you for taking the time to complete the membership form for The Hub!
We look forward to seeing you at The Hub!**

For The Hub Staff to Fill Out: (please leave blank!)

Did you add information to the master list? YES NO

Any allergies, medications or medical concerns to be aware of? YES NO

Staff Member Signature: _____

Date: _____