



GREENWICH YOUTH CENTER REGISTRATION FORM

www.GreenwichYouthCenter.org

(518) 531 – 4273 OR (518) 480 - 1080



MEMBER NAME:	GRADE:	DOB:
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ADDRESS: _____ _____	PRIMARY PHONE: _____
CITY/STATE: _____	ALTERNATE PHONE: _____
ZIP CODE: _____	EMAIL: _____ _____

PARENT / GUARDIAN SECTION

PARENT/GUARDIAN NAME:	RELATIONSHIP:
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IN THE EVENT OF AN EMERGENCY PLEASE CONTACT

NAME: _____	PHONE: _____
NAME: _____	PHONE: _____
NAME: _____	PHONE: _____

LIST ALLERGIES, MEDICAL CONCERNS OR ANY OTHER CONDITIONS THAT WOULD HELP US BEST SERVE YOUR CHILD:

I, (PRINT MEMBER NAME) _____, understand that inappropriate language, behavior, gestures and any threatening activity will not be tolerated. I will respect myself and others and refrain from this type of behavior. I understand my membership can be revoked or suspended if I engage in such activity. I also understand that I am responsible for reading the member handbook and will be held accountable to its contents.

Member Signature _____

SMOKE-FREE GYC POLICY: the Greenwich Youth Center (GYC) is a Smoke-Free environment. There is no smoking allowed on or near the Village Building. The smell of smoke on clothing or any other indication of smoking, alcohol, vaping and/or other illegal drug use may be cause (at the discretion of any Staff/Volunteer) for removal from the GYC or person(s) may not be allowed to enter the GYC.

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“We believe that every young person has the capacity to achieve their highest potential with the support of the community”

Greenwich Youth Center 6 Academy St, Greenwich, NY 12834 Email: jackiewaitegy@gmail.com



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NOTE: it is the policy of the Greenwich Youth Center to ensure a safe environment for all our members. As a result, we mandate that there are at least two adult volunteers/staff present at all times. In the event, for whatever reason, there is insufficient adult coverage, every attempt will be made to find coverage. If coverage is not found within 30 minutes, please be advised that the GYC will close and members will need to be picked up or make other arrangements.

READ THE FOLLOWING CONSENTS.
THEN CHECK THE APPROPRIATE BOX AND INITIAL

YES NO INITIAL
[] [] []

Waiver and Consent: I hereby release and waive the Concerned Citizens for Greenwich Youth (CCGY), the Village of Greenwich, employees, agents, representatives, officers, and directors from any and all liability for any loss or injury sustained or incurred (including any loss or injury resulting from the representatives, officers, and directors) while my child/member participates in Greenwich Youth Center’s programs or while my child travels to or from the GYC programs or activities.

YES NO INITIAL
[] [] []

In an Emergency: I authorize any First Aid Responders and/or Physicians to perform any and all medical procedures, which he/she determines to be medically appropriate under the circumstances.

YES NO INITIAL
[] [] []

Academic Partners: I give permission for my child to participate in the tutoring program offered by GYC. I give permission for my child to participate in any educational programming offered by GYC.

YES NO INITIAL
[] [] []

Media Coverage: During any GYC activity, media coverage (photography, interviews) may occur. Please check the box if you do consent to your child’s picture being taken/posted/advertised in support of the GYC.

YES NO INITIAL
[] [] []

I understand that members and parent/guardians are ultimately responsible for arrival and departure at the GYC. Members are able to sign in and out and leave the premises.

The Member Handbook is available for download or viewing online at www.GreenwichYouthCenter.org. It contains all member rights and responsibilities and other important information. It is periodically updated and all members will be informed of changes to policies and procedures. It is the responsibility of members and parent/guardians to read through and understand its content. Contact us with any questions.

I understand the online handbook requirements of the GYC policies and procedures.

PARENT/GUARDIAN SIGN HERE

MEMBER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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