



Oroville • Youth Center • Gridley
MEMBERSHIP APPLICATION
June 2019- May 2020

Name: _____ Date of Birth: _____
First Middle Last

Grade: _____ (must be in 6th - 12th grade) Age: _____ Gender: _____

Ethnicity: (Please select one)

- African American/Black Asian/Pacific Islander Middle Eastern/North African Latino/Hispanic
Multi-ethnic/-racial Native/Indigenous White/European Not Listed Decline to state

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

School Name: _____ Email address: _____

Guardian Name: _____ Phone number: _____

Activities At The Live Spot Include:

Recreational, Skill Building, Vocational Training, Access to Community Resources, Tutoring, Youth Led Workshops and more.....



The Live Spot Guidelines

- Respect the Live Spot, staff, yourself, and others Ins and Outs not permitted
No food or drinks from outside Be open minded
Use appropriate language Pick up after yourself
Wear appropriate clothing No running or horse playing
Wear shoes at all times Only staff can take out games/video games
Only staff can change channels on the T.V. Support and help everyone stick to the guidelines

I understand that The Live Spot is an alcohol, tobacco, drug and violence free environment. I will do my part in helping to create a safe environment for myself/ other participants. I understand that my membership can and will be suspended if I do not agree to or follow The Live Spot Guidelines.

Guardians play a very important part in this program. Please sign below if you have read the above statement.

Signature of Applicant

Date:

Signature of Guardian/Parent

Date:



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YOUTH AGREEMENT FORM

Participant Agreement

Print Name: _____

To ensure as a participant at The Live Spot, Oroville's Youth Center that I have a great, safe experience. I will agree to the following:

- I will abstain from alcohol, tobacco, and other drug use while attending the Live Spot. I understand that if alcohol, tobacco, and other drugs are found in my possession, I will be sent home and my guardians and authorities will be notified.
- I am responsible for my own actions and will conduct myself in an appropriate manner at all times while at The Live Spot and while participating in offsite (trips etc.) Live Spot activities.
- I agree to participate fully in ALL scheduled program activities.
- I agree to sign in daily and remain on the premises at all times until I sign out.
- I will act appropriately and responsibly at all times.
- I will follow The Live Spot guidelines and treat myself, other participants, staff, and facility with respect.
- The Live Spot is not responsible for any stolen or misplaced items. Please leave all valuables at home.
- I understand that violation of any of the above stated terms and conditions will subject me to immediate expulsion from The Live Spot, Oroville's Youth Center. Support staff will notify my parent(s) or guardian (s) about inappropriate behavior.

Participant Signature

Date

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Date



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PARENT RELEASE FORM

IMPORTANT!! Be sure parent/guardian and participant’s signatures are on the form. Registrations are not valid without appropriate signatures. Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my son or daughters attendance in the BCDBH - Community Services, I hereby release, discharge and covenant not to sue BCDBH - Community Services, any other supporting agencies and counties, and it's agents, representatives, officers, and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training (herein collectively referred to as "releasee") from any and all claims and liability arising out of strict liability or ordinary negligence of releasee harmless and/or indemnity releasee for any and all claim judgment or expenses releases may incur arising out or my son/daughter's activities and/or participation in this event.

I understand that my son/daughter's participation in this event contains certain dangers and risk of injury; that the event will be indoors and outdoors and that there is an inherent danger in playing outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to my son/daughter, as this is a physical activity. I voluntarily elect to accept all risks connected with my son/daughter's participation in this event.

I further recognize that the BCDBH - Community Services is in no way liable, or responsible for my son/daughter's transportation to or from the event. I accept that there are inherent dangers while driving or riding in a motor vehicle, and if an incident should occur which injures, or kills my son/daughter on their way to or from the event, I fully understand that BCDBH - Community Services is not liable.

I have read and will abide by the rules set forth by the staff. I agree that this agreement shall apply to incident, injury, or accident occurring at the event and to any incident, injury, accident, or death occurring within a period of one (1) year after the execution of this agreement.

Educational Code: It is agreed that my son/daughter will abide by the Official Operating Policies of BCDBH - Community Services, and the rules or regulations that put the safety or welfare of the group or himself/herself in jeopardy, he/she will be sent home at my expense. If he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

Medical Consent: I hereby give my consent to have the above signed participant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that BCDBH - Community Services, and its agents, representatives, officers, any and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

Date of Last Tetanus Shot Participant Received **Medical Insurance Coverage** **Medical Group Number**

Name of Family Physician or Medical Group **Telephone Number**

I further grant full permission to BCDBH - Community Services and its directors to use an audio and/or visual recording and/or photographs of this event with me in it for promotional purposes without receiving any financial return.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the BCDBH - Community Services event. I voluntarily sign my name evidencing my acceptance of the above provisions.

Parent/Guardian Signature **Date**

Participant’s Signature **Print Participant’s Name** **Age** **Date**



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TRANSPORTATION/PARENT PERMISSION FORM

EACH PARTICIPANT MUST BRING THIS FORM COMPLETELY FILLED OUT (AND SIGNED BY PARENT IF PARTICIPANT IS A MINOR). PARTICIPANTS WILL NOT BE ALLOWED TO GET INTO COUNTY CARS/VANS WITHOUT THIS FORM.

Name: _____ Date: _____
(Please Print Participants Name)

School: _____ Agency: _____

I hereby agree to permit my son/daughter to participate in the activity listed below and to use the transportation indicated:

Activity: Live Spot Varied Activities Date(s) of Trip: June 2019-May 2020

Transportation: County Vehicles Destination: Varied

Name of Sponsor: Butte County Behavioral Health

Contact Person: Meagan Miller / Julia Arenas Phone: (530) 538-7124 / (530) 538-2578

It is agreed that my son/daughter will abide by the provisions of the Official Operating Policies of BCDBH - Community Services, and the rules and regulations of the sponsor while participating in the activity. I hereby agree and understand that if my son/daughter breaks any rules or regulations that place the safety or welfare of the group or himself/herself in jeopardy, he/she will be sent home early at my expense.

If he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

I also agree that in the event of an emergency, the supervising adults may seek any medical treatment or surgery needed for my son/daughter without further approval while he/she is on this trip.

I further agree that while on this trip my son's/daughter's picture may be taken and reproduced for educational purposes using still, motion, or video tape.

I also agree to allow my son/daughter to participate in a survey every 6 months to evaluate the effectiveness of our services.

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Signature of Applicant Date: _____

Signature of Guardian/Parent Date: _____

In an emergency, if you cannot be reached, whom should we contact:

Name: _____

Relationship: _____ Phone: _____