



Cornerstone Youth Center
19819 Monroeville Rd.
Monroeville, IN 46773
260-623-3972

www.cornerstoneyc.org
info@cornerstoneyc.org

For office use only

Guest Member Date: _____

CYC Member Date : _____

Warning Date: _____

Membership Form
(youth and family contact information)

NOTE: Youth must be in grade 7-12 to become members.

(Please Print LEGIBLY)

Name: _____ Birth date: _____ Male: _____ Female: _____

Height: _____ Weight: _____ Eye Color: _____ Natural Hair Color: _____

School: _____ Grade: _____ Graduation Year: _____

Ethnicity/Race: Caucasian African American Hispanic Asian Native American Other _____

Address: _____ Lot/Apt #: _____ City: _____ ST: _____ Zip: _____

Home #: _____ Students Cell # _____ E-mail: _____

Student lives with: _____ Both Parents _____ Mother Only _____ Father Only _____ Other

Mother's Name: _____ Home #: _____ Cell #: _____

Address: _____ Lot/Apt #: _____ City: _____ ST: _____ Zip: _____

Mother's Email: _____

Father's Name: _____ Home #: _____ Cell #: _____

Address: _____ Lot/Apt #: _____ City: _____ ST: _____ Zip: _____

(if different from Mother's)

Father's Email: _____

Names of other adults in the home and relationship to member: _____

I hereby acknowledge that I have read and understand The Cornerstone Youth Center **GUIDELINES FOR MEMBERS** (page 2) and agree to abide by said guidelines. I also acknowledge breaking any guidelines may cause my expulsion from the youth center.

Date: _____

Signature of New Member

Please be sure to fill out the front and back of each page



Is a Christian Environment That Welcomes All...

- We treat ourselves and others with **RESPECT**
...physically...emotionally...with our language...
- We respect the property of CYC and others
- We respect the CYC staff and volunteers

(Please initial beside each item indicating you have read it)

GUIDELINES FOR MEMBERS

1. _____ **SIGN-IN/OUT**: All students must sign in and out every time they enter or exit the youth center. During weekday center hours once a student signs out they may not come back. Weekend drop in students can scan out before 6:00 pm and then
2. _____
3. scan back in after 6:00 pm but if they scan out after 6:00 pm the student is out for the evening.
4. _____ **DRUGS & ALCOHOL**: Possession and/or use of tobacco, alcohol & illegal drugs is strictly prohibited on youth center property or during off-site youth center activities. Breaking this rule will result in parental notification and/or loss of membership. Any youth who comes into the center or to a youth activity intoxicated or under the influence of an illegal substance, will be subject to arrest. Parents and authorities may be contacted.
5. _____ **RELATIONSHIPS**: Public displays of affection will be limited to holding hands. No other displays of affection will be tolerated.
6. _____ **CURSING**: No use of profanity or taking God's name in vain. No use of language that is sexual in nature.
7. _____ **WEAPONS**: No weapons of any kind are permitted on youth center property or at youth center activities. Breaking this rule will result in the notification of parents/authorities and/or loss of membership.
8. _____ **DRESS**: Clothing should be respectable. No t-shirts or caps may be worn that have messages about sex, drugs, alcohol or anything else deemed inappropriate by center staff. Members will not be allowed to show neither bare midriff, nor shorts and skirts that are too short in the opinion of center staff. No heavy coats or jackets will be worn past the youth center sign-in station and will be hung in a designated area.
9. _____ **HARRASSMENT & VIOLENCE**: No forms of harassment, physical or verbal, will be tolerated. (i.e. no name-calling, no racial slurs and no fighting). Everyone must be treated equally and a good attitude should be shown.
10. _____ **FOOD & DRINK**: No food or drinks can be brought into the youth center unless approved by staff on duty. No food or drink is allowed by computers and in certain designated areas. Be aware of posted signs and staff directions.
11. _____ **COMPUTERS & MEDIA**: All youth center equipment including computers, stereo equipment, TV, video games or any other equipment will be used at the youth center staff's discretion. Games rated TEEN will need to be pre-approved as will as any videos that are PG-13. R rated videos are prohibited. No music that has a Parental Advisory will be allowed in the youth center.
12. _____ **PROPERTY DAMAGE**: All youth center property is to be respected. Any damage done to property will result in discipline, including a bill for damaged property, a discipline contract and/or loss of membership.
13. _____ **LOITERING**: Students are not permitted in the office section of the Youth Center. No hanging out in the parking lot area(s) or outside the youth center. When a youth signs out, they are to leave the property. Failure to do so will result in parents and/or the authorities being contacted.
14. _____ **TELEPHONE USE**: Telephone use is at the discretion of center staff. Please ask permission before using the phone.
15. _____ **GAMBLING** – No gambling is allowed on center property or during any center activities.
16. _____ **BASKETBALL COURT**: No hanging on the rims or trash talking, students should demonstrate good sportsmanship. Shirts must be worn at all times. If students choose to be on the basketball court after center hours (week day and weekend) they are not under the supervision of Cornerstone Youth Center staff.
17. _____ **CLEAN UP AFTER YOURSELF!** You mess it up – you clean it up! You turn it on – you turn it off! You get it out – you put it away!

Violations of the above GUIDELINES OF MEMBERS or any behavior deemed unsafe/ threatening to self or others may result in one or more of the following: student given a Behavior Form needing parent/student action [at least a parent signature], suspension or expulsion from CYC activities for a given period, implementation of a Behavior Contract, and/ or CYC staff/ directors meeting with parents to agree upon needed actions to rectify the issue[s].

I have read the GUIDELINES OF MEMBERS with my student, _____, and agree to the policies and procedures listed above.

Parent/Guardian Signature

Date

Please be sure to fill out the front and back of each page

Student Name: _____

Date: _____



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Hold Harmless Agreement

The Southeast Youth Council, Inc. operating The Cornerstone Youth Center

RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES OR SUPPORT COUNSELING OR INJURIES OR PROPERTY LOSS OR DEATH: The undersigned hereby attests and acknowledges that he/she is entering upon property owned and or leased by **The Southeast Youth Council, Inc.** with full knowledge of the potential risks, dangers and possibility of injury that may arise out of operation and activities of **The Southeast Youth Council, Inc.** I/we further acknowledge that **The Southeast Youth Council, Inc.**, its employed staff, its volunteer staff, its officers and/or it directors may offer several forms of support counseling or activities which may result in injury or loss of property. I/we agree that The Southeast Youth Council, Inc. will not be held responsible for those injuries or property losses incurred while engaged in activities and/or support counseling offered. I/we further agree to indemnify and hold The Southeast Youth Council, Inc., its employed staff, its volunteer staff, its officers and or its directors harmless from any and all liability including claims asserted by third parties for any care rendered to the undersigned.

RELEASE AND MEDICAL AUTHORIZATION: In the event of an emergency, if the parents/guardians or emergency contacts cannot be reached, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible.

Medical/Insurance Information:

Insurance Company: _____ Plan #: _____ Phone#: _____

Family Doctor: _____ Phone #: _____

My Child is Allergic To: _____

Medications my child is taking: _____

Emergency Contacts:

Primary Emergency Contact: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

Alternative Emergency Contact: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

I agree to all of the above aforementioned Hold Harmless Agreements including **RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES OR SUPPORT COUNSELING OR INJURIES OR PROPERTY LOSS OR DEATH,** AND **RELEASE AND MEDICAL AUTHORIZATION.** I further agree that the aforementioned information is correct and that any changes in location, emergency contacts and/or family medical information will be supplied to Cornerstone Youth Center in a timely manner.

Signature of Member: _____ Date: _____

Signature of Parent/Guardian: _____

Please be sure to fill out the front and back of each page

Student Name: _____

Date: _____

Waiver and Releases

LOCAL TRIP PERMISSION RELEASE: I/we give permission for Cornerstone staff and volunteers to transport my child to and from local activities within a 50 mile radius of Cornerstone Youth Center. I understand that parents/guardians will be notified before any such trip is taken so that I am aware of my child's whereabouts. I further understand that we will hold harmless the driver of that vehicle by the guidelines contained in the above HOLD HARMLESS AGREEMENT.

Please Circle and Initial: YES or NO

Parent/Guardian Initials: _____

MEDICATION RELEASE: I/we give permission for Cornerstone staff and volunteers to administer the following over the counter medications. I further understand that we will hold harmless the Cornerstone Youth Center by the guidelines contained in the above HOLD HARMLESS AGREEMENT.

Please Circle and Initial: YES or NO

Parent/Guardian Initials: _____

If YES, please circle each of the following that may be administered to your child:

Aspirin/Pain Reliever

Cough Drops

Antihistamine (AKA Benadryl - used for Allergic Reactions Only)

Triple Antibiotic Ointment with Band-Aids/Gauze

PICTURE RELEASE: During many of our events and programs, the center staff will take groups pictures and activity pictures for differing purposes. I give my permission for the Cornerstone Youth center to use my child's picture in marketing, publicity, and other public means. We realize the photos will never be used in a negative way and may be used in such items as newsletters, newspaper articles, social media, thank you cards, and the center web site. I realize this release allows my child's picture to be used as deemed appropriate by the Cornerstone Youth Center staff. I further understand that we will hold harmless the Cornerstone Youth Center by the guidelines contained in the above HOLD HARMLESS AGREEMENT.

Please Circle and Initial: YES or NO

Parent/Guardian Initials: _____

SCHOOL COMMUNICATION RELEASE: I/we give permission for the staff/education volunteers of The Cornerstone Youth Center to have full and open communication with the school/school district my child attends including administrative, teaching and all school district staff. I understand Cornerstone will not be held responsible for my child's grades, but may be able to help with improvement through this open communication with the school/school district. I further understand that we will hold harmless the Cornerstone Youth Center by the guidelines contained in the above HOLD HARMLESS AGREEMENT.

Please Circle and Initial: YES or NO

Parent/Guardian Initials: _____

Graduation Year: _____

Do you qualify for free or reduced lunch? YES or NO

Have you registered for the 21st Century Scholars Program? YES or NO

Please be sure to fill out the front and back of each page



Family Commitment Contract

Cornerstone Youth Center is a non-profit organization. It charges no membership fees and receives no government assistance. Cornerstone depends entirely on grants and contributions to fund its programming. (See note below pertaining to late pick up fee).

Cornerstone also depends on the involvement of the families of its youth members. We encourage you to make a commitment to support Cornerstone with a financial gift, a donation of snacks or household items, or a volunteer commitment. A member of the Cornerstone staff will be in contact shortly after your child becomes a member. In the meantime, please take a look at this list of ways you might support Cornerstone Youth Center.

Please check your commitment option below:

Financial Commitment: I will pledge \$_____ a month.

Commitment to provide snacks/household goods: I can provide 3 snack or 3 household items (dish soap, liquid soap, rolls of paper towels, rolls of toilet paper, paper plates, napkins, cups, etc.) a month.

Time Commitment: I can help in at least one of these ways (check)

- | | |
|--|--|
| <input type="checkbox"/> Help supervise Center hours on weekends | <input type="checkbox"/> Mailing Crew once a month |
| <input type="checkbox"/> Help supervise Center hours on weekdays | <input type="checkbox"/> Help recycle aluminum cans |
| <input type="checkbox"/> Help with Garage Sales | <input type="checkbox"/> Landscaping/Mowing |
| <input type="checkbox"/> Maintenance as needed | <input type="checkbox"/> Help with special projects |
| <input type="checkbox"/> Help with events | <input type="checkbox"/> Share my talents or experiences in: |
| <input type="checkbox"/> Tech Team once a week | _____ |
| <input type="checkbox"/> Cleaning Crew once a month | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Summer Community Garden | |

Parent Signature: _____

Date: _____

***** PLEASE NOTE *****

- Cornerstone Youth Center is open Monday through Thursday from 3:30 pm to 6:00 pm, Friday from 3:30 pm to 10:00 pm for Jr High and 11:00 for Sr High, and Saturday from 7:00 pm to 10:00 pm for Jr High 11:00 pm for Sr High. It is vital for other CYC programs and staff obligations that students are picked up on time. CYC reserves the option to charge parents/guardians a \$1.00 per minute late fee after 6:00 pm [or 11:00 pm for weekend hours] according to the CYC clock in the drop in space. Any fees must be paid within one week in order for the student to continue using CYC programs.
- I must notify CYC of any changes such as: address, phone, custody, or anything else that concerns staying in contact or communication for the best interest of the student.

I have read and agree to follow through with all items listed above.

Parent/Guardian Signature

Date