School:	 Member's Full Name:	
	Date of Birth:	



Email packet to: info@cycmail.org

## **CYC Member Information & Policies**

Sex: M

Welcome to the Community Youth Center (CYC), a state of the art sports and academic center where youth ages 3 to 18 thrive in a dynamic and positive environment. The CYC offers a variety of sport programs, as well as academic excellence center, combined these programs help members manage their time effectively so they can become even better student-athletes. Below are items of information to keep in mind when becoming a member to the CYC:

#### **MEMBERSHIP INFORMATION**

- There is an initiation fee of \$40.00 per Member when registering for membership to the CYC. This fee covers the current month when joining.
- CYC membership is available for Member by age and/or grade, however all classes have specific age ranges. The CYC does not discriminate membership on any guideline other than age.
- Dues are \$35.00 per month for the first member in each household and \$18.00 for each additional member. Some programs have advanced training, which require additional fees. Monthly dues are invoiced on the first of the month and are considered past due if payment is not received by the 15th of the same month.
- Scholarships are available to those who qualify. The scholarship committee reviews applications on an as needed basis. The Adult Guardian for the youth should submit all applications as directed on the application and allow two weeks for processing. Scholarships may be revoked at any time.
- To discontinue membership, the Adult Guardian is responsible for the account must notify the CYC Customer Service Staff before the last day of the month. Canceling a membership is the only way to avoid paying monthly dues. Accounts will continue to be billed, regardless of class enrollment.
   Cancellation forms can be found online and should be turned in 30 days prior to the cancel date.

### **GENERAL MEMBERSHIP EXPECTATIONS/GUIDELINES**

- An Adult Guardian must be responsible for payment of membership. This must be a parent, guardian or government representative or a CYC partner agency that is the legal guardian for the Member.
- All members are to have Medical History Forms on file. Please complete these and be honest in the
  medical condition of the member. Please include any forms that could be beneficial in describing
  any conditions the member may have.
- All members and visitors must follow CYC Rules. Please review all posted rules, members are expected to respect and follow direction by any CYC staff.
- All members must check IN and check OUT any time they enter or exit a building.
- Members are expected to adhere to CYC values: Disciple, Desire, Compassion, Teamwork, Respect, Sportsmanship and Commitment. Time Management is a core learning process at CYC.
- There is no cell phone use by members or guests allowed in any classroom or training area. Phone
  conversations in these areas can be distracting. Please remove yourself from the area and be
  considerate to other patrons.
- CYC is not a daycare. Unless there is a scheduled class or program that a member is enrolled in they should not be at the CYC facility without Adult Guardian supervision. Members and their Adult Guardians are responsible for non-member siblings or friends visiting.

- No visitor, whether member, guest or family are allowed in the CYC training areas without explicit CYC Staff permission.
- In order to maintain a safe environment for Member, please park in designated spaces only. If you are waiting to pick up a Member please park your car and come inside. Parking is available in three CYC lots and on the street. All Members should be escorted by an Adult Guardian when leaving the premise. If you would like your Member to leave without an Adult Guardian, like ride their bike, notice must be given prior to that day.

#### **CLASS INFORMATION**

- All member accounts must be active and currently up to date to enroll in classes. It is the responsibility of the Adult Guardian to ensure account is up to date.
- Class registration is subject to class availability. CYC Customer Service Staff can assist with class availability.
- Classes are year-round. Class times and schedules are subject to change.
- Please remember that only participants and CYC staff may enter class/mat area. We request that spectators remain seated in bleachers while observing classes.

#### **CLASS POLICIES**

- Members may only participate in their enrolled classes. Members may enroll in class, and they must
  also adhere to the attendance policies. They are expected to be on time to class and may be denied
  entry into class if they are tardy, regardless of reason.
- We ask that all students arrive early to their class as it is very disruptive to have students entering class late. If your Member is late and has not given prior notification to the coach, they may be unable to participate in class.
- Adult Custodian for the member is responsible for calling to excuse an absence for the member's class(es) prior to start times. A member can be dropped from a class should they violate and attendance policies.
- If your Member is leaving for an extended period (vacation or medical reasons) and you notify CYC beforehand you will have the option to withdrawal your Member from class.
- Proper attire varies for each program. In general, all clothing worn in any activity should be clean. Also, no jeans, jean shorts, or any other item with buttons, rivets, buckles, zippers or any sharp objects that may damage equipment, other participants or mats are allowed in class.
- Some programs have special uniform requirements, so please see class-specific rules for more information. These are available in the main office.
- Jewelry of any kind should be removed before class.
- Hair must be pulled back and away from the face.

Member Signature	Member Printed Name		
Parent/Legal Guardian Signature	Parent/Legal Guardian Printed Name		

<sup>\*</sup>we ask for member signature to ensure that they are aware of what is expected to be at CYC\*



# **CYC Member Release**

(Please complete a release for each Member being registered to CYC)

	Member's Full Name:
	The following is to be completed by the child member's Parent/Guardian. Please review and initial each section:
Α.	ACKNOWLEDGEMENT OF RISK OF DANGER AND ASSUMPTION OF RISK
	I acknowledge that there is inherent danger in the participation in any and all sports activities, and hereby voluntarily elect to accept all risks and assume full responsibility for any risk of bodily injury or death or property damage arising out of the use of CYC's facilities, services and equipment whether caused by the negligence of others, my own child's negligence or misuse.
В.	RELEASE, COVENANT AND PROMISE NOT TO SUE
	In consideration of being permitted to use CYC's facilities, services and equipment, I hereby release, acquit and discharge this facility, its agents, employees and volunteers, of and from all claims and liability of any kind and agree that I will not sue or commence any action of any kind against CYC, its agents, employees and volunteers.
c.	INDEMNIFICATION AGREEMENT
	In consideration of being permitted to use CYC's facilities, services and equipment, I agree to indemnify and hold harmless this facility, and its agents, employees and volunteers, of and from any claims, demands, liability or judgments arising out of or during my child's use of CYC facilities, services and equipment.
D.	PARENT/GUARDIAN INDEMNIFICATION AGREEMENT
	In consideration of my child being permitted to use CYC's facilities, services and equipment, I agree to indemnify and hold harmless this facility, its agents, employees and volunteers, of and from any claims, demands, liability or judgments arising out of or during my child's use of CYC facilities, services and equipment.
Ε.	PHOTOGRAPH RELEASE
	In consideration of my child being permitted to use CYC's facilities, services and equipment, I authorize CYC to photograph or video the member during activities and/or excursions and to use such photograph(s) or video(s) in brochures, newspapers, or other media describing or depicting CYC.
F.	MOVIE RELEASE
	In consideration of my child being permitted to use CYC's facilities, services and equipment, I authorize CYC to show the member movies and/or videos that have the highest rating of PG (Parental Guidance).
	I, the undersigned parent and/or legal guardian, affirm that I am freely signing this agreement. I have read the foregoing and I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below.
	Parent/Legal Guardian Signature Parent/Legal Guardian Relationship to Child
	Parent/Legal Guardian Name (printed)  Date

Email:
--------



## Member Contacts & Medical Release

Please fill out this form in its entirety.

Member's Information:		
Full Name (first, middle, last):		
Home Address:	City:	Zip:
<u>Primary Contact Information:</u>		
1. First/Last Name:	Rela	ation to Child:
Same as Member's info: □		
Home Address:	City:	Zip:
Home Phone: Work Phone:		Cell Phone:
Home Address: Work Phone: 2. First/Last Name:	Rela	ation to Child:
Same as Member's info: □		
Home Address:	City:	Zip:
Home Address: Work Phone:		Cell Phone:
<b>Emergency Contact Information:</b>		
First/Last Name:	Relation	n to Child:
Home Address:	City:	Zip:
Home Phone: Work Phone:		Cell Phone:
Medical Information:		
Hospital/Clinic Preference:		Medical ID:
Physician's Name:	Pho	ne Number:
Insurance Company:	P	olicy Number:
Medical Consent Release:		
Ι,	, do hereby s	state that I am the Custodial parent or
guardian of the aforementioned Minor. I grant my a Center ("CYC") to administer general first aid treatr by the Minor. If the injury or illness is life threatenin CYC to summon any and all professional personnel consent for any X-ray, medication or other medical advisable by, and to be rendered under the general dentist, hospital, or other medical professional or in which treatment is to occur. I agree to assume final	ment for any r ng or in need to attend, tra diagnosis, tre I supervision on nstitution duly	minor injuries or illnesses experienced of emergency treatment, I authorize the nsport, and treat the minor and issue eatment to hospital care deemed of any licensed physician, surgeon, y licensed to practice in the state in
It is understood that this authorization is given in ac provide authority and power on the part of the CYC the advice of any such medical or emergency perso	in the exerci	· · · · · · · · · · · · · · · · · · ·
Parent/Legal Guardian Signature		Parent/Legal Guardian Relationship to Child
Parent/Legal Guardian Printed Name	<del></del>	 Date



## Member Behavioral and Health Information

Upon completing this form, please also complete the Medical History Form that is on the next page. Both forms are required to complete the registration process.

Member Name (first,	middle, last):		
		Height:	Weight:
Allergies and Special (	Conditions (pleas	se mark all that apply):	
☐ Chronic Ear Infect	tions	□ Epilepsy	☐ Asthma
☐ Heart Defect/Dise	ease	☐ Tonsillitis	☐ Migraines
□ Convulsions		☐ Hay Fever	☐ Medication Allergy
□ Diabetes		☐ Insect Allergy	☐ Food Allergy
□ Bleeding/Clotting		☐ Seizures	□ Eczema
Please explain in deta	il, any of the abo	ove mentioned:	
		onths; list any activity res	strictions, developmental age,
	ember, please ir	idicate if he/she has beer	n diagnosed with any of the
following:	IADHD	□ Pipalar Dicardor	□ Dyclovia
		☐ Bipolar Disorder☐ Processing Deficits	<u>-</u>
		nent is successful for him/	her when behavior becomes
List any and all medica	ations he/she is	currently taking:	
Land'C that			adde a Paracadala ataba ta da d
• ————			ed by a licensed physician in the
<u>-</u>			Health History is correct and the
by examining physicia		on to engage in an prescri	bed activities, excepted as noted
_			o become a Member at CYC and d the Member's choice. By
acknowledgement of			has the ability to
participate in all regis	tered activities a	nd programs at CYC.	
Parent/Legal Guardian Signat	uro	Polationship to	Mamhar
raieniy Legai Guafulati Signat	uie	Relationship to	IVIEITIDEI
Parent/Legal Guardian Name		 Date	

### PLEASE FILL OUT THE FORM BELOW TO THE BEST OF YOUR KNOWLEDGE

### ■ PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Date of Exam  Name			Date of birth		
	School Sport(s)				
Medicines and Allergies: Please list all of the prescription and over	-the-co	unter m	edicines and supplements (herbal and nutritional) that you are currently	taking	,
Do you have any allergies? ☐ Yes ☐ No If yes, please ide ☐ Medicines ☐ Pollens	ntify spe	ecific all	lergy below.  □ Food □ Stinging Insects		
Explain "Yes" answers below. Circle questions you don't know the an	swers t			er	
GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Do you have any ongoing medical conditions? If so, please identify below:      Asthma      Anemia      Diabetes      Infections			27. Have you ever used an inhaler or taken asthma medicine?     28. Is there anyone in your family who has asthma?		
Other:  3. Have you ever spent the night in the hospital?	-	×	29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
Have you ever had surgery?			30. Do you have groin pain or a painful bulge or hernia in the groin area?	-	<u> </u>
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	31. Have you had infectious mononucleosis (mono) within the last month?		
5. Have you ever passed out or nearly passed out DURING or		3	32. Do you have any rashes, pressure sores, or other skin problems?		
AFTER exercise?		3 3	33. Have you had a herpes or MRSA skin infection?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			34. Have you ever had a head injury or concussion?		
Does your heart ever race or skip beats (irregular beats) during exercise?			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
8. Has a doctor ever told you that you have any heart problems? If so,			36. Do you have a history of seizure disorder?		
check all that apply: ☐ High blood pressure ☐ A heart murmur			37. Do you have headaches with exercise?		
☐ High cholesterol ☐ A heart infection ☐ Kawasaki disease Other:			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			39. Have you ever been unable to move your arms or legs after being hit or falling?		
10. Do you get lightheaded or feel more short of breath than expected			40. Have you ever become ill while exercising in the heat?		
during exercise?  11. Have you ever had an unexplained seizure?	-	<u> </u>	41. Do you get frequent muscle cramps when exercising?  42. Do you or someone in your family have sickle cell trait or disease?		$\vdash$
Do you get more tired or short of breath more quickly than your friends			43. Have you had any problems with your eyes or vision?	0 0	1
during exercise?			44. Have you had any eye injuries?		t
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	45. Do you wear glasses or contact lenses?		
13. Has any family member or relative ded of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			46. Do you wear protective eyewear, such as goggles or a face shield?  47. Do you worry about your weight?		
Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT			48. Are you trying to or has anyone recommended that you gain or lose weight?	n n	
syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			49. Are you on a special diet or do you avoid certain types of foods?	8 8	
Does anyone in your family have a heart problem, pacemaker, or			50. Have you ever had an eating disorder?		
implanted defibrillator?			51. Do you have any concerns that you would like to discuss with a doctor?		
16. Has anyone in your family had unexplained fainting, unexplained			FEMALES ONLY  52. Have you ever had a menstrual period?		
seizures, or near drowning?  BONE AND JOINT QUESTIONS	Yes	No	53. How old were you when you had your first menstrual period?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon	100	110	54. How many periods have you had in the last 12 months?	2	
that caused you to miss a practice or a game?			Explain "yes" answers here		
18. Have you ever had any broken or fractured bones or dislocated joints?			The state of the s		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?					
20. Have you ever had a stress fracture?		3 8	85		
Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)					
22. Do you regularly use a brace, orthotics, or other assistive device?			-		
23. Do you have a bone, muscle, or joint injury that bothers you?			<u>-</u>		
24. Do any of your joints become painful, swollen, feel warm, or look red?	-		-		
25. Do you have any history of juvenile arthritis or connective tissue disease? I hereby state that, to the best of my knowledge, my answers to	the abo	Ve due	stions are complete and correct		
Signature of athlete Signature of athlete			Date		
	- A	- 4	lege of Sports Medicine, American Medical Society for Sports Medicine, American	0.4	e.

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### CYC Behavior Expectations & Discipline Policy

It is important the staff maintain good order and discipline in all Programs. CYC's objectives in all Programs are safety and a positive atmosphere for athletes learning and developing social skills. CYC makes every effort to help all children understand clear definitions of acceptable and unacceptable behavior.

### The CYC does NOT condone and will NOT permit:

- Corporal Punishment
- Ridiculing, threatening, bullying, using an inappropriate loud voice or the use of profanity
- Disrespect to staff members, adults or CYC members or guests

### A Child's behavior is expected to be consistent with the following:

- Use appropriate language at all times
- Cooperate with staff and follow directions
- Respect other members and staff, equipment, facilities and visitors
- Stay in program area running away is not acceptable
- Maintain a positive attitude

### The Discipline Policy:

- If a member is unable to comply with behavior expectations, the child will be given an initial warning and his/her parents will be notified verbally and written, return signed Dismissal Notice.
- If a member receives a second reprimand, he/she will be asked to leave, parents are notified and member and parents must return signed Dismissal Notice.
- If the member receives three reprimands, he/she will be asked to leave, parents notified, suspension for 3 days, 5 hours community service at CYC, school notification, return signed Dismissal Notice.
- If the member receives four reprimands, he/she will be asked to leave the premises, parents notified, expelled from CYC, 10 hours community service at CYC, meeting held with member, parents, program director and coach.
- The CYC reserves the right to suspend/dismiss a member from the program if his/her behavior places himself/herself or others in immediate harm.

### Behaviors which may result in immediate dismissal include but are not limited to:

- Any action that could threaten or pose a direct threat to the physical/emotional safety of any member, staff or visitor of the CYC
- Fighting
- Possession of a weapon of any kind
- Vandalism or destruction of CYC property or property of others
- Sexual misconduct
- Possession of or use of alcohol or controlled substances unless under the supervision of a physician
- Inappropriate social media

Mambar Cignatura	Member Printed Name
Member Signature	Member Printed Name
Parent/Legal Guardian Signature	Parent/Legal Guardian Relationship to Member
Parent/Legal Guardian Printed Name	Date