

Member's Name: \_\_\_\_\_



## CYC Member Information & Policies

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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 \$33.00 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 \$33.00 per month for the first member in each household and \$17.00 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 responsible for the account must notify CYC Customer Service Staff 15 days 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 15 days prior to the end of the month to ensure that the account is not charged for the next month.

### 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

\*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 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following is to be completed by the child member's Parent/Guardian. Please review and initial each section:

**A. ACKNOWLEDGEMENT OF RISK OF DANGER AND ASSUMPTION OF RISK** \_\_\_\_\_  
INITIAL

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.

**B. RELEASE, COVENANT AND PROMISE NOT TO SUE** \_\_\_\_\_  
INITIAL

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** \_\_\_\_\_  
INITIAL

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** \_\_\_\_\_  
INITIAL

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.

**E. PHOTOGRAPH RELEASE** \_\_\_\_\_  
INITIAL

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** \_\_\_\_\_  
INITIAL

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, acknowledge that I have read this CYC Member Release Form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Relationship to Child

\_\_\_\_\_  
Parent/Legal Guardian Name (printed)

\_\_\_\_\_  
Date



# Member Contacts & Medical Release

Please fill out this form in its entirety.

### **Member's Information:**

Full Name (first, middle, last): \_\_\_\_\_ Sex: M F

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hospital/Clinic Preference: \_\_\_\_\_ Medical ID: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Primary Contact Information:**

1. First/Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. First/Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Emergency Contact Information:** (other than primary contacts)

First/Last Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Medical Consent Release:**

I, \_\_\_\_\_, do hereby state that I am the Custodial parent or guardian of the aforementioned Minor. I grant my authorization and consent for Community Youth Center ("CYC") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the CYC to summon any and all professional personnel to attend, transport, and treat the minor and issue consent for any X-ray, medication or other medical diagnosis, treatment to hospital care deemed advisable by, and to be rendered under the general supervision of any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the CYC in the exercise of his or her best judgements upon the advice of any such medical or emergency personnel.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Relationship to Child

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
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): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies and Special Conditions (please mark all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chronic Ear Infections | <input type="checkbox"/> Epilepsy       | <input type="checkbox"/> Asthma             |
| <input type="checkbox"/> Heart Defect/Disease   | <input type="checkbox"/> Tonsillitis    | <input type="checkbox"/> Migraines          |
| <input type="checkbox"/> Convulsions            | <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Medication Allergy |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> Insect Allergy | <input type="checkbox"/> Food Allergy       |
| <input type="checkbox"/> Bleeding/Clotting      | <input type="checkbox"/> Seizers        | <input type="checkbox"/> Eczema             |

Please explain in detail, any of the above mentioned: \_\_\_\_\_

List any illness, injury in the past 12 months; list any activity restrictions, developmental age, chronic health concerns, etc.: \_\_\_\_\_

To better serve the Member, please indicate if he/she has been diagnosed with any of the following:

- |                                     |                                     |  |                                       |
|-------------------------------------|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> ADD        | <input type="checkbox"/> ADHD       | <input type="checkbox"/> Bipolar Disorder    | <input type="checkbox"/> Dyslexia     |
| <input type="checkbox"/> Tourette's | <input type="checkbox"/> Asperger's | <input type="checkbox"/> Processing Deficits | <input type="checkbox"/> Other: _____ |

Please describe what methods/treatment is successful for him/her when behavior becomes disruptive: \_\_\_\_\_

List any and all medications he/she is currently taking: \_\_\_\_\_

I certify that \_\_\_\_\_ has been examined by a licensed physician in the past 12 months and is able to participate in CYC programs. The Health History is correct and the person herein described has permission to engage in all prescribed activities, excepted as noted by examining physician and myself.

I acknowledge that there is a risk that is present in registering to become a Member at CYC and allowing the Member to participate in the activities of mine and the Member's choice. By acknowledgement of the risk, I certify that \_\_\_\_\_ has the ability to participate in all registered activities and programs at CYC.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Relationship to Member

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Date

# PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Medicines and Allergies:** Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

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Do you have any allergies?  Yes  No If yes, please identify specific allergy below.

Medicines  Pollens  Food  Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____		
3. Have you ever spent the night in the hospital?		
4. Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)		
10. Do you get lightheaded or feel more short of breath than expected during exercise?		
11. Have you ever had an unexplained seizure?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?		
18. Have you ever had any broken or fractured bones or dislocated joints?		
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?		
21. 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?		
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?		

MEDICAL QUESTIONS	Yes	No
26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
27. Have you ever used an inhaler or taken asthma medicine?		
28. Is there anyone in your family who has asthma?		
29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
30. Do you have groin pain or a painful bulge or hernia in the groin area?		
31. Have you had infectious mononucleosis (mono) within the last month?		
32. Do you have any rashes, pressure sores, or other skin problems?		
33. Have you had a herpes or MRSA skin infection?		
34. Have you ever had a head injury or concussion?		
35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
36. Do you have a history of seizure disorder?		
37. Do you have headaches with exercise?		
38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
39. Have you ever been unable to move your arms or legs after being hit or falling?		
40. Have you ever become ill while exercising in the heat?		
41. Do you get frequent muscle cramps when exercising?		
42. Do you or someone in your family have sickle cell trait or disease?		
43. Have you had any problems with your eyes or vision?		
44. Have you had any eye injuries?		
45. Do you wear glasses or contact lenses?		
46. Do you wear protective eyewear, such as goggles or a face shield?		
47. Do you worry about your weight?		
48. Are you trying to or has anyone recommended that you gain or lose weight?		
49. Are you on a special diet or do you avoid certain types of foods?		
50. Have you ever had an eating disorder?		
51. Do you have any concerns that you would like to discuss with a doctor?		
FEMALES ONLY		
52. Have you ever had a menstrual period?		
53. How old were you when you had your first menstrual period?		
54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



## 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

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Printed Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian Relationship to Member

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Date