



Bayfront NATO, Inc. Martin Luther King Center  
**YOUTH SERVICES PROGRAM REGISTRATION**

(A registration form must be completed for each child)

NAME: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS: \_\_\_\_\_ T SHIRT SIZE \_\_\_\_\_ Y \_\_\_\_\_ A \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (M) \_\_\_\_\_ (W) \_\_\_\_\_

(Student must be between the ages of 5 and 14)

**Check Program for which applicant is registering their child**

\_\_\_\_\_ SUMMER PROGRAM

\_\_\_\_\_ DANCE PROGRAM

\_\_\_\_\_ AFTERSCHOOL PROGRAM

\_\_\_\_\_ EVENING RECREATION

Where did you hear about the Martin Luther King Center services or programs?

\_\_\_\_\_ School \_\_\_\_\_ Church \_\_\_\_\_ Radio \_\_\_\_\_ Friend \_\_\_\_\_

Other: (please specify) \_\_\_\_\_

Has your child participated in other programs here at the MLKC? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what programs? \_\_\_\_\_

List information below about any other civic organizations your child/ren is members:

Name of Organization/s: \_\_\_\_\_

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*I understand that a parent or guardian must sign this application. Youth having incomplete information on any form will not be able to participate until all information is received or will not be admitted to the youth services programs.*

Signature: \_\_\_\_\_



**EMERGENCY DATA CARD INFORMATION**

Child's Name: \_\_\_\_\_ Birthday \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Please Write Legibly)

Parent/Guardian Phone Numbers (M): \_\_\_\_\_ (H): \_\_\_\_\_ (W) \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS;**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Medical Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL HISTORY**

(Please check all that apply)

- |                                   |                             |
|-----------------------------------|-----------------------------|
| _____ Frequent Ear Infections     | _____ Chicken Pox           |
| _____ Heat effect Disease         | _____ Mumps                 |
| _____ Convulsions / Epilepsy      | _____ Measles               |
| _____ Diabetes                    | _____ Tetanus - Date: _____ |
| _____ Bleeding/Clotting Disorders | _____ TB - Date: _____      |
| _____ German Measles              | _____ Poison Ivy            |
| _____ Hay Fever                   | _____ Insect Stings         |
| _____ Asthma                      | _____ Food Borne Allergies  |

Please list any allergies here:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medications taken regularly

\_\_\_\_\_  
\_\_\_\_\_

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

Date: \_\_\_\_\_

BAYFRONT NATO INC/Martin Luther King Center  
312 Chestnut Street – Erie, PA 16507

MLKC Youth Services Department  
GENERAL PERMISSION FORM

I, \_\_\_\_\_ hereby give my child \_\_\_\_\_  
Permission to participate in all local field trips, educational Drug, Alcohol & Tobacco  
seminars and workshops and special events conducted and/or held through the Youth  
Services Department.

I understand that any out-of-town field trips proposed by the Youth Services  
Department will require a separate permission slip.

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Date

BAYFRONT NATO INC.  
MARTIN LUTHER KING, JR. MEMORIAL CENTER

Youth Services Department Program  
Waiver/Permission Form

Name of child enrolled: \_\_\_\_\_ Age \_\_\_\_\_

Is the child currently covered by health/accident Insurance? Yes \_\_\_ No \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Hospital \_\_\_\_\_

In consideration of this waiver/permission form being signed, I hereby for myself, heirs, executors and/or administrators waive and release and hold harmless the Bayfront NATO Inc. and the Martin Luther King Center for any and all sponsoring organizations and representatives and assigns for any and all injuries that may be sustained by my child while participating in these activities.

By attaching my signature to this form I hereby acknowledge having read and understand the implications.

I also hereby for myself, heirs, executors and/or administrators waive and release any and all claims for the use(s) of photograph(s) and/or video tape(s) in which my child and/or a likeness of my child may appear for the promotion of the Bayfront NATO Inc/Martin Luther King Center.

\_\_\_\_\_  
Signature of Parent Guardian

Date: \_\_\_\_\_

## MARTIN LUTHER KING, JR. YOUTH PROGRAM

### **BEHAVIOR POLICIES**

The Martin Luther King, Jr. Center strives to create a safe and fun environment for children ages 5 thru 14. The Center offers various programs and services that encourage children to develop a love of life, education, recreational experiences and learning.

The Center attempts to provide a safe environment for children to gather, complete school work and to participate in the activities. Children are safe when supervised and all participants comply with program rules. For the protection and wellbeing of everyone at the Center, the following policy has been established and will be enforced. All children are expected to adhere to these rules, spoken and unspoken.

Appropriate behavior is expected from all participants and observers in programs and in facilities to protect the enjoyment and safety of everyone. Behaviors that will not be accepted include, but should by no means be interpreted as all inclusive.

- **Being disrespectful to staff and other participants**
- **Fighting; bullying, use of verbal harassment, profanity, vulgarity, obscenity or racial slurs**
- **Using foul language directed at each other and/or staff**
- **Disrupting a program or creating a disturbance in the facility**
- **Disrespect for the program staff and/or facility rules and guidelines**
- **Damage, vandalism, or theft of private or facility equipment or property**
- **Possession or use of illegal substances, medication, alcohol or smoking**
- **Inappropriate and/or offensive dress including, but not limited to, dress which is too revealing and clothing that displays obscene or offensive words or pictures**
- **Possession or threat of a weapon – zero tolerance**
- **Gang activity including display or possession of symbols, hand signals, soliciting memberships, intimidating or threatening any individual wearing or displaying colors or items of dress, etc.**
- **Inappropriate display of affection**
- **SNEAKERS MUST BE WORN AT ALL TIMES**

These rules will be enforced. Violators will at the least be sent home and/or contact made with the parents by program staff and/or Agency Management. (cont'd)

## **BEHAVIOR POLICY (cont'd)**

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The following outlined steps may be used with participants who are not behaving appropriately. Program fees will **not** be refunded for any reason.

### **Program Participants**

***All program participants are expected to behave appropriately and follow the rules of the program or the following steps will be strictly followed:***

- (1) Verbal warning
- (2) Written notice of inappropriate behavior with a copy to the parent/s
- (3) If a participant receives three notices of inappropriate behavior or if the participant is involved in one severe incident, as determined by program staff, the participant may no longer join in the program until a meeting is scheduled and held successfully with the parent/s
- (4) At the meeting the question of continued participation in the program will be considered and primarily for minor participants a behavior contract may be prepared as a condition of continued participation

### ***ZERO TOLERANCE BEHAVIORS*** (should not be construed as all inclusive)

- Possession of a weapon
- Possession of flammable armaments
- Possession of drugs and/or drug paraphernalia
- Striking another student, volunteer or administrator and/or refusing to adhere to a staff persons request
- Bullying of any kind

Zero tolerance offenses will result in immediate expulsion from the program

### **Parent/Guardian**

My signature below certifies that I (and my child/ren) understand the behavior policy and practices described in this document and agrees to follow them. I understand that if my child does not comply with the rules of this policy they will be subject to the procedure /s stated above.

### **Participant**

\_\_\_\_\_ Date: \_\_\_\_\_

### **Parent**

\_\_\_\_\_ Date: \_\_\_\_\_