



LEELANAU INVESTING FOR TEENS

LIFT Teen Center
MIDDLE SCHOOL Student Registration Packet

PLEASE READ: You may keep this portion for future reference.

Rules and Guidelines for After-School Program

Members (6-8th grade) hereby agree to abide by all of the rules and policies developed by the staff and members of the Youth Center, as stated below:

1. It is mandatory that all participants sign in when they arrive at LIFT Teen Center and sign out when they leave. Once you sign out: **YOU CANNOT RE-ENTER WITHOUT A PARENT/GUARDIAN**
2. Participants are expected at ALL times to treat volunteer staff and peers with respect and consideration. **TEASING, BULLYING or CONFRONTATION are strictly PROHIBITED.**
3. We expect that all equipment and property of LIFT Teen Center will be treated with respect and care.
4. Members will be responsible for any damage they cause at LIFT Teen Center. Members should return any equipment in the same condition at the end of the day prior to leaving the Teen Center.
5. No Weapons or fighting
6. No smoking, drugs, alcohol or gambling.
7. Use appropriate language
8. Clean up after yourself. Throw away trash. Cans and recycling go in designated receptacles. Excessive snack trash may result in limited snacks.
9. Violation of the rules at the Teen Center will jeopardize your privileges in the program

Using LIFT Teen Center is a privilege. Members are expected to exhibit good behavior and follow all Teen Center rules.

FIRST OFFENSE: Failure to exhibit good behavior will result in: WARNING

SECOND OFFENSE: Parent/Guardian notification by letter then any additional offenses will result in loss of Teen Center privileges.

THIRD OFFENSE: Loss of LIFT Teen Center privilege for the year.

LIFT Teen Center Hours:

Monday 3:10-5:30

Tuesday 3:10-5:30

Thursday 3:10-5:30

I understand that LIFT Teen Center has an open-door policy. This policy means that my child in the 6th-8th grade is welcome at any time during open hours. I also understand that if my child leaves LIFT Teen Center for any reason during that time they will not be allowed to re-enter the building (that day) unless accompanied by a parent. **OUR STAFF IS NOT RESPONSIBLE FOR TEENS WHEN THEY LEAVE THE CENTER OR WITH WHOM THEY LEAVE WITH.**

Pick up policy:

I understand that my child needs to be picked up on time when the Teen Center closes. I also understand that if I am late I will be charged \$15.00 for every twenty minutes I am late. (Circumstances will be reviewed by Youth Center Staff) Hours and program schedules are subject to change without notice, although staff will make every effort to keep you and your teen informed! Teen Center follows Suttons Bay Public Schools Calendar, and closings.

PARENTS: We need volunteers, financial donations and donated items from our "wish list". Each month designated items will be posted on LIFT Teen Centers website.

www.liftyouthsb.com

For donations: visit our website or mail a check to

LIFT Teen Center

PO BOX 527

Suttons Bay, MI 49682



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LIFT Teen Center Release/Pick-up Authorization 2018-2019

Youth Name _____ Date of Birth _____ Phone _____

I understand that my youth will not be permitted to leave LIFT Teen Center in any other method or with anyone other than the person (s) that I have listed below

_____ Youth may walk home

_____ Youth may be picked up by any of the following people.

Name _____ Relationship to Youth _____

Name _____ Relationship to Youth _____

_____ Youth may NOT be picked up by any of the following people

Name _____ Relationship to Youth _____

Name _____ Relationship to Youth _____

I authorize my youth to be released from LIFT Teen Center according to the information above. Additionally, I have communicated with my youth the ways in which I permit my youth to leave LIFT Teen Center. I understand that if I am late, I will be charged \$5.00 for every 20 minutes I am late. I understand that LIFT Teen Center assumes no responsibility for transportation to or from LIFT, and that LIFT is not responsible for youth before they arrive or at or after they leave LIFT.

Parent/Guardian Name (print) _____

Parent /Guardian Signature _____ Date _____



**LEELANAU
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LIFT Teen Center Emergency Contact Form 2020

Name (Last) _____ First _____

Mailing Address _____ City, State, ZIP _____

Parent/Guardian _____ Phone _____ Work PH _____

Parent/Guardian _____ Phone _____ Work PH _____

Email Address _____

Emergency Contact (not parent) _____ PH _____

Physician _____ PH _____ Hospital _____

Additional Medical Information (allergies, medicines, etc) _____

Name of Medical Insurance _____ Policy # _____

As a parent/guardian of a Teen Registered at LIFT I will help:

_____ Volunteer _____ Donate Money _____ Donate wish list items

_____ Weekly _____ Monthly _____ Special Events _____ Sponsorships

LIFT Emergency Contact Form 2021-22 (Cont.)

I, the undersigned Parent/legal Guardian of the named student on this form, hereby consent to and give my permission for the following:

1. To participate as a member of LIFT Teen Center
2. To participate in all Youth Center activities which may also include activities held at other locations. This includes permission to transport student.
3. On behalf of the member and myself, I acknowledge that the member will be participating at his/her own risk and I, on his/her and my own behalf, hereby release, discharge and indemnify LIFT and all other affiliates associated with LIFT Teen Center from all liability for injury to person or damage to property of myself and member arising out of participation in, and transportation associated with LIFT Teen Center.
4. In permitting the member to participate, I am specifically granting permission to LIFT Teen Center to use the likeness, voice and words of the member in television, radio, films, newspapers, magazines or other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of LIFT Teen Center and appealing for funds to support such activities.
5. If I am not personally at Youth Center activities in which the member is participating, so as to be consulted in case of necessity, you are authorized on my behalf and at my account to take such measures to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the member.

Parent/Legal Guardian's Name (please print) _____

Parent/Legal Guardian's Signature _____ Date _____