



Requirements for participating in Old Firehouse Teen Center programs

General Eligibility:

Youth in grades 7 and 8 are eligible for membership and its benefits. Non-members are permitted to attend Friday night parties and some other programs at the discretion of the Teen Center Director.

Code of Conduct:

All participants must abide by the OFTC Code of Conduct. Generally speaking, and unless otherwise stated, youth must be able to demonstrate the following with minimal direction:

- **Must maintain personal care without support of staff or volunteers**
- **Must stay with his or her assigned group**
- **Must respect others (listen to and follow directions, use appropriate language, keep hands and feet to self)**
- **Maintain self control (anger management, appropriate dancing)**
- **Meet the prerequisite skills for the class or program (if required for participation)**
- **Must not be under the influence of or in possession of illegal substances, alcohol or tobacco**
- **Must adhere to FCPS dress code**
- **No inappropriate dancing or displays of affection**



The program director/ADA specialist reserves the right, on behalf of the McLean Community Center (MCC) and OFTC, to terminate a youth's participation in the program if the youth cannot follow the Code of Conduct. Every effort will be made to provide appropriate accommodations.

ADA Accommodations Important Information for Individuals with Disabilities

The McLean Community Center, including the OFTC, an agency of Fairfax County, is committed to providing

accommodations to all programs, services, and activities in accordance with Title II of the Americans with Disabilities Act (ADA). To help ensure a successful experience, please read this entire document prior to registration and participation.

Field Trip Policies

All field trips will be supervised by OFTC staff. Trips will be taken using Fairfax County school buses, chartered buses, Metro, Community Center vans or Center-authorized vehicles.

Please note that most of our field trips require a fair amount of walking. Participants should be fit and able to handle the activities listed as included in the trip. Participants requiring extraordinary assistance must be accompanied by someone who can and will be totally responsible for providing all required assistance. The MCC and OFTC retain the right to decline to accept or retain any person as a member of a trip when such action is deemed to be in the best interests of the health, safety or general welfare of the group or of the individual concerned.

Photo Release

The MCC and OFTC reserve the right to photograph and videotape all the activities associated with the OFTC and use them for promotional purposes.

Pick-up Policy

Parents shall call the Center at 703-448-8336 (TEEN) if they know they will be late picking up their teen from any OFTC program. Late fees may be charged. Repeated late pick-ups for any OFTC program will result in dismissal from OFTC program(s.)

Refund Policy

The refund policy is in accordance with the MCC's policy. Requests for refunds must be received **at least seven (7) days** prior to the class/program/camp start date to receive a full refund. After that time, refunds only will be given **for medical issues** that preclude continuation. **A doctor's note is required.** Absences and personal scheduling conflicts are not reimbursable.

If the OFTC cancels a program, we will automatically send a refund to the registered party. All other refunds require a written request. Refund request forms are available at the Center's reception desk or online at www.mcleancenter.org.

For additional information, visit our website at www.mcleancenter.org or contact:

Old Firehouse Teen Center Director
McLean Community Center
703-448-8336 (TEEN)/TTY: 711



**OFTC Parent/Guardian
Permission and Authorization**

I, the undersigned adult, am the parent or legal guardian of

_____ (Hereinafter referred to as “My Child”)

Permission to Participate in OFTC Programs

I give permission for My Child to participate in activities and programs of the Old Firehouse Teen Center (OFTC). I understand and agree that My Child may be transported using Fairfax County school buses, chartered buses/vans, Metro, Community Center vans or Center-authorized vehicles.

I understand that My Child’s participation in youth activities, including field trips, is conditional upon the willingness of My Child to abide by code of conduct established by the OFTC, the McLean Community Center and/or Fairfax County Public School. I agree that the participation of My Child in any youth activities, including field trips, may be terminated for failure to behave and act in accordance with the Code of Conduct, for failure to follow the instructions and directions of youth personnel, including but not limited to persons supervising or chaperoning field trips, or for any acts deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the programs generally. I agree that if My Child’s participation is so terminated, no refund of any fees paid for his/her participation shall be due.

I understand the nature of youth activities and the risks involved. I agree to indemnify, protect and hold harmless the OFTC, Fairfax County Public Schools and the McLean Community Center, and the board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone youth participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents and volunteers, and service providers, subcontractors and their agents and employees from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney’s fees, and interest, however caused, as a result of the participation of My Child in any youth activities, including field trips.

Policy Regarding Illness

I understand that My Child cannot participate in youth activities if he is sick, and I agree that I will not send My Child to any program if he shows any sign of illness. I understand further that My Child must be symptom and fever-free for at least 24 hours before returning to the program. I understand further that My Child may not remain at the program on any day when he appears to have a temperature over 100 degrees, is vomiting or experiencing diarrhea.

I understand that if My Child arrives ill, or becomes ill or injured while participating in OFTC youth activities, then except as provided below, youth staff will make a reasonable effort to contact me or the “emergency contact” person I have designated on the Youth Information form, at the telephone number or numbers I have provided. I agree that my emergency contact person or I will pick up My Child within one hour of any such call.

Authorization for Medical Treatment

I understand that in case of a medical emergency concerning My Child, if the effort described above to reach me or my Emergency Contact as described above is unsuccessful, or if it is reasonably determined that there is insufficient time under the circumstances to attempt such contact, or if I am otherwise unable to give consent for any necessary emergency treatment of My Child as recommended by competent medical authority, I authorize the staff of the OFTC or the McLean Community Center to consent to such treatment for My Child, including medical or surgical examination, diagnosis and treatment, anesthesia, and hospital care.

Signature

I have read, understand and agree to the policies, conditions, permissions, liability and medical releases and other matters set forth on the Registration/ Information form.

Signature: _____

Date: _____ / _____ / _____

Print Name: _____

FOR OFFICE USE ONLY

Notes

The Old Firehouse Teen Center – Youth Information Form

Please print

Name of Youth (Last, First) _____ Grade _____ Middle School _____
Fall '09 _____ Fall 09 _____
Age _____ Date of Birth _____ Gender: M / F Home Ph _____ Youth Cell Ph: _____
Address _____ Youth Email _____
Street City State Zip to be added to our email list

Youth's Parent/Guardian Information

Father/Guardian _____ Father Email _____
Home Phone _____ Work Phone _____ Cell Phone _____
Mother/Guardian _____ Mother's Email _____
Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Information

Provide **emergency contact** information for 2 local people who are not listed above.

1. Emergency Contact (name & relation) _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
2. Emergency Contact (name & relation) _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____

Insurance/Medical Information

Health Insurance Carrier or Plan Name _____
Group No. _____ ID No. _____
Name of Policy Holder _____ Relation to Youth _____
Pediatrician/Physician _____ Phone _____
Dentist/Orthodontist _____ Phone _____
Special Diet/Allergies _____
Routine Medications _____

Psychological/Behavioral Challenges. Please be candid and include your recommendations about how our staff can best assist your child. Use additional paper if needed. If you prefer, call the Teen Center/Camp Director at 703-448-8336.

Other: _____
