



EXPO CENTER

CITY OF LOS ANGELES DEPARTMENT OF RECREATION AND PARKS



THE CLUBHOUSE APPLICATION



Annual Registration Fee: RW: _____

PROGRAM FOR AGES: 11-17

TEEN INFORMATION/ INFORMACIÓN DE ADOLESCENTE

Name/ Nombre: _____ Last Name/ Apellido: _____

Date of Birth/Fecha de Nacimiento: Month/Mes _____ Day/Día ____ Year/Año _____

Gender/ Genero: M (Niño) F (Niña) New/Returning Member (Nuevo/Regreso Miembro): _____

Age/Edad: _____ Height/Estatura: _____ Weight/Peso: _____

T-Shirt Size/Talla de Camiseta: XS S M L XL XXL

Does your child know how to swim?/Sabe su hijo(a) nadar? Yes(Si)____ No____

Does your child participate in any organized sports leagues/ Su Hija(o) participa en deportes organizados?

Yes(Si)____ No____

What sports does your child like? (Que deportes le gusta a su hijo(a): _____

Is your child on probation/ Esta su hijo(a) en libertad condicional? Yes(Si)____ No____

Name / phone of your probation officer/ Nombre del Oficial (if applicable/si aplica): _____

Home Address/ Domicilio: _____

City/Ciudad: _____ State/Estado: _____ Zip Code/Zona Postal: _____

Home Phone/Telefono de Casa #: (____) _____

When is the best time to reach you by phone/ Cuando es la mejor hora para contactarle? _____

How did you hear about the EXPO Teen Clubhouse? (Como escucho del Programa?) _____

() School/Escuela () Social Media/Red Social () Other Program/Por medio de otro programa () Events/Eventos

PARENT/LEGAL GUARDIAN INFORMATION/ INFORMACIÓN DE PADRES Y TUTOR

Mother/Guardian Name/ Nombre de Madre/Tutor: _____ Cell Phone/Celular #: (____) _____

Home Phone/Telefono de Casa #: (____) _____ Work Phone/Telefono de Trabajo #: (____) _____

Email/Correo Electrónico: _____

Father Name/Nombre de Padre: _____ Cell Phone/Celular #: (____) _____

Home Phone/ Telefono de Casa #: (____) _____ Work Phone/Telefono de Trabajo #: (____) _____

Email/Correo Electrónico: _____

**Do you, as Parent/Guardian; authorize any other person to sign your child in/out of the program?
Usted, como Padre/Tutor; autoriza otras personas para firmar a su hijo(a) a la entrada/salida del programa?
If yes, please add Authorize Persons/ Si, mencione dichas personas autorizadas:**

Name/Nombre Completo: _____ Relationship/Relación: _____ Phone/Telefono: _____

Name/Nombre Completo: _____ Relationship/Relación: _____ Phone/Telefono: _____

Name/Nombre Completo: _____ Relationship/Relación: _____ Phone/Telefono: _____

SCHOOL INFORMATION/ INFORMACIÓN DE ESCUELA

School Name/Nombre de Escuela: _____ Grade Level/Grado: _____

School Address/ Dirección de Escuela: _____

School Phone/ Numero de Telefono: _____ Counselor/Consejera: _____

Dismissal Time/ Hora De Salida: _____ Track/Ciclo: _____

EMERGENCY INFORMATION/ INFORMACIÓN DE EMERGENCIA

Emergency Contact Name/ Contacto de Emergencia: _____

Relationship/Relacion: _____

Home Phone/Telefono de Casa: _____ Cell Phone/Celular: _____

Name of Out-Of-State Contact Person/ Contacto Fuera del Estado: _____

Relationship/Relacion: _____

Home Phone/Telefono de Casa: _____ Cell Phone/ Celular: _____

MEDICAL INFORMATION/ INFORMACIÓN MEDICA

Insurance Provider/ Proveedor de Aseguranza: _____

Policy/Póliza# _____

Physician Name/ Nombre de Medico: _____ Phone/Telefono: _____

Dentist Name/Nombre de Dentista: _____ Phone/Telefono: _____

HEALTH HISTORY/ HISTORIA DE SALUD

Does your child have any physical restrictions (Tiene su hijo(a) alguna restricción física)?, please explain/Explique: _____

Does your child participate in physical fitness activities/Participa su hijo(a) en actividad fisica? Yes (Si) _____ No _____

How many hours/days of the week (Cuantas horas/dias de la semana)? _____ Does

your child enjoy doing exercise/ Le gusta a su hija(o) hacer ejercicio? Yes (Si) _____ No _____

Conditions or behaviors that we should be aware of in case of a major emergency

(Condiciones o comportamientos que debemos tener en caso de emergencia importante)

Any serious Injury or Illness/ Lesion or enfermedad grave? Please list: _____

Has your child received medical treatment in the past year/ Ha recibido su hija(o) tratamiento medico el año pasado?

Yes (Si) ___ No ___ Date/Fecha: _____ Treatment/Tratamiento: _____

ALLERGIES/ALERGIAS:

Allergies/Alergias: Yes (Si) ___ No___ Allergy Name/Nombre la Alergia:

Medication for Allergies/Medicamento para Alergia: _____

Bee Sting Allergies/ Alergia a Picada de Abeja: Yes (Si) ___ No___ Mosquito Bite Allergies/ Alergia a Picada de

Mosquito: Yes (Si) ___ No___ Food Allergies/ Alergia a Comido: Yes (Si)___ No___

Which Foods/Cual Comida: _____

Asthma (HayFever)/ Asma (Fiebre de Heno): Yes (Si) ___ No___

Should anything happen to the child that would alter this health history after this form is sent and before arrival to the EXPO Teen Clubhouse, please let the Coordinator or Program Staff know immediately!

(Si algo pasa le pasa a su hijo(a) que pueda alterar esta historial de salud despues de este formulario se encia y antes de la llegada a la EXPO Teen Clubhouse, por favor deje saber al coordinador(a) o consejeros saber immediatamente!)

Provide the year of last immunization or booster/ El año del la ultima inmunización: _____

HAS YOUR CHILD HAD THE FOLLOWING: (PLEASE, MARK YES OR NO on each medical condition)

HA TENIDO SU HIJO (A) LO SIGUIENTE: (POR FAVOR, MARQUE SI O NO EN CADA CONDICION MEDICA)

Chicken Pox/ Varicela:	Yes/Si: _____	No: _____
Measles/ Sarampion:	Yes/Si: _____	No: _____
Mumps/Paperas:	Yes/Si: _____	No: _____
Sinus Trouble/ Dificultad con Sinus:	Yes/Si: _____	No: _____
Colds/ Resfriados:	Yes/Si: _____	No: _____
Headaches/ Dolor De Cabeza:	Yes/Si: _____	No: _____
German Measles/ Sarampion Aleman:	Yes/Si: _____	No: _____
Tetanus/ Tetanos:	Yes/Si: _____	No: _____
Ear Infection/ Infeccion del Oido:	Yes/Si: _____	No: _____
Nose Bleed/ Sandado por la Nariz:	Yes/Si: _____	No: _____
Diphtheria/ Difteria:	Yes/Si: _____	No: _____
Rheumatic Fever/ Fiebre Reumatica:	Yes/Si: _____	No: _____
Appendicitis/Apendicitis:	Yes/Si: _____	No: _____
Constipation/ Estrenamiento:	Yes/Si: _____	No: _____
Whooping Cough/ Tos Ferina:	Yes/Si: _____	No: _____
Scarlet Fever/ Fiebre Escarlata:	Yes/Si: _____	No: _____
Tonsillitis/ Amigdalitis:	Yes/Si: _____	No: _____
Stomach Upset/ Malestar Estomacal:	Yes/Si: _____	No: _____
Polio/Polio:	Yes/Si: _____	No: _____

EMERGENCY CONSENT/ CONSENTIMIENTO DE EMERGENCIA

In the event of an accident or other emergency, when I'm not available nor an authorize guardian is not available, I hereby authorize any Recreation and Parks staff to make arrangements considered necessary for my child to receive hospital or medical care, including necessary transportation.

En caso de accidente o emergencia, cuando no estoy disponible ni autorizar tutor no está disponible, por medio de la presente autorizo cualquier personal de Parques y Recreación para hacer los acuerdos necesarios para que mi hijo reciba atención médica u hospitalaria, incluyendo transporte necesario.

RULES AND REGULATIONS/ NORMAS Y REGLAMENTOS

I promise to abide by all rules and codes set forth, by not only EXPO Center staff members, but also those set by my peers. I further promise to act courteous towards, and respect each participant and staff member at EXPO Center. I realize that if any actions caused by me harm or make another member uncomfortable. I may be asked to leave the premises and/or activity and will do so quietly. If I fail to conduct myself in an appropriate manner I understand that EXPO Center Staff may remove all my privileges.

Les prometo que voy a cumplir con todas las normas y los códigos establecidos, no sólo por los miembros del personal del Centro EXPO, sino también los de mis compañeros. Por otra promesa de actuar cortés hacia, y el respeto cada uno de los participantes y los miembros del personal en el EXPO Center. Me doy cuenta de que si cualquiera de las acciones provocadas por mí daño o hacer otro miembro incómodo. Me puede pedir que abandone las instalaciones y/o de la actividad y lo haremos de forma silenciosa. Si no llego a realizar yo mismo de manera adecuada, entiendo que la EXPO personal del Centro puede quitar todos mis privilegios.

While attending the Teen Program and trips, the following behaviors will not be tolerated:

Use of profanity or vulgar language, rudeness and disrespect to staff, fellow teens, and employees at other sites while visiting. Unwanted and/or inappropriate sexual or physical behavior towards others. Drugs, alcohol and/or tobacco use. Possession of any kind of weapon. Possession of graffiti paraphernalia (spray cans, etc.). Inappropriate behavior during on-site or off-site activities or field trips. Shoplifting or theft is not acceptable. Graffiti or vandalizing of city property will not be tolerated. No bullying of any form: Physical, Verbal, Covert or Hiding bullying or cyberbullying. No physical or verbal altercations. No discrimination based on race, religion, gender, national origin or color.

Mientras participacion en el program o excursions, lo siguientes comportamientos no seran tolerados:

Mientras que en el Programa de adolescentes y el Acuerdo durante excursiones, los siguientes comportamientos no se va a tolerar: el uso de lenguaje soez o vulgar, la rudeza y la falta de respeto al personal, los compañeros adolescentes y a los empleados en otros sitios durante la visita. No deseados y/o física o sexual inapropiado comportamiento hacia los demás. Las drogas, el alcohol y/o de tabaco. Posesión de cualquier tipo de arma. Posesión de parafernalia graffiti (latas de aerosol, etc.). Comportamiento inadecuado durante el sitio o de las actividades fuera del hotel o excursiones al campo. Hurto o robo no es aceptable. Graffiti o vandalismo de propiedad de la ciudad no se va a tolerar. Ninguna forma de buliar no sera permitido como; Fisico, Verbal, buliar Escondido or buliar en internet. No pelear en forma física or verbal. No discriminacion basado en religion, raza, origen nacionalidad, genero or color.

COMPUTER USAGE RULES/REGLAS DE USO DE COMPUTADORA

Members must sign-in/out of the program. Must log-in on the computer with given name. Only homework related printing will be allowed. No food, gum or drinks allowed in the room. No loud music, earphones only. No video clips, no **YouTube**. No MySpace, Chat rooms, Twitter, Facebook any **social media websites**. No downloads of music on the computer. Computer workstations are only use for educational purposes, projects, homework and any free time allowed by staff. No rolling chairs for safety reasons. Users cannot remove privacy screens, remove desktop icons, and use the computer for **illegal activity**. The workstation must be left clean after use and must log-out. No creation or distribution of computer viruses. **Hacking** will not be tolerated and any illegal activity will be reported to local authorities, EXPO Center has Zero Tolerance for this activity. Violation of these guidelines may result in the suspension of computer workstation privileges. Unlawful activities will be reported to the Park Rangers or the Los Angeles Police Department.

Los Miembros deben firmar de entrada/salida del programa. Debe iniciar sesión en el ordenador con el nombre dado. Sólo deberes relacionados con impresión será permitido. No hay comida, goma de mascar o bebidas en la habitación. Sin música, los auriculares. No video clips, no YouTube. No MySpace, salas de Chat, Twitter, Facebook los sitios web de medios sociales. No hay descargas de la música en el ordenador. Las computadoras son sólo uso con fines educativos, proyectos, tareas y todo el tiempo libre permitido por el personal. No hay sillas de ruedas por motivos de seguridad. Los usuarios no pueden quitar pantallas de privacidad, extraer iconos de escritorio y usar el ordenador para la realización de actividades ilícitas. La estación de trabajo debe dejarse limpio después de su uso y de sesión. Ninguna creación o distribución de virus informáticos. "Hacking" no será tolerada y cualquier otra actividad ilegal será informado a las autoridades locales, del EXPO Center tiene una tolerancia cero para esta actividad. Violación de estas directrices puede resultar en la suspensión del equipo privilegios. Las actividades ilegales se informó a los guardaparques o el Departamento de Policía de Los Ángeles.

PARENT AGREEMENT/ ACUERDO DE PADRE

I understand that EXPO Center is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, or any other means. I understand that all relatives must abide by the rules and regulations set by EXPO Center for health, safety and welfare of all program members. I understand that drugs, drug paraphernalia, tobacco products, alcoholic beverages, weapons, animals,

illegal controlled substances and/or violent behavior is not permitted and not tolerated, this will result for an immediate dismissal. The EXPO Center has the right to cancel, change or substitute programs activities and field trips when necessary. I agree to help with all discipline actions involving my child. I understand that failure to obey all the rules will result in dismissal from the program.

Entiendo que la EXPO Center no se hace responsable de los artículos de ropa o pertenencias personales perdidos o dañados por el fuego, robo o cualquier otro medio. Entiendo que todos los miembros de la familia deben acatar las normas y reglamentos establecidos por la EXPO centro de salud, la seguridad y el bienestar de todos los miembros del programa. Entiendo que las drogas, parafernalia de drogas, productos de tabaco, bebidas alcohólicas, armas, animales, sustancias ilegales controladas y/o el comportamiento violento no es permitido y no tolera, esto dará lugar a un despido inmediato. El Centro de Exposiciones tiene el derecho de cancelar, modificar o sustituir las actividades de los programas y viajes de campo cuando sea necesario. Estoy de acuerdo en ayudar con toda la disciplina las acciones de mi hijo. Entiendo que la falta de obedecer todas las reglas dar lugar a despido del programa.

FIELD TRIP RULES/REGLAS DEL PASEO

I agree to pick-up my child from the trip at the assigned time. **If a field trip is a late evening field trip from 7pm-11pm**, I agree that I must pick-up my child at the assigned pick-up location and assigned time. Failure to pick-up my child after late hours, I understand that the EXPO Staff will contact the local authorities for pick-up and I will be notified from the local police station. I understand field trip privileges could be taken away from my child. I understand parents are not to allow to accompany during field trip days. I understand, that is my responsibility to send my child with food or money to purchase meal during a field trip.

Estoy de acuerdo con recoger mi hijo(a) del viaje al tiempo asignado. Si un excursion es en la tarde, de 7pm-11pm, estoy de acuerdo en que tengo que recoger a mi hijo en el lugar de recogida y hora asignada. Falta de no recoger a mi hijo(a) después de la última horas, tengo entendido que la EXPO personal se pondrá en contacto con las autoridades locales para que mi hijo(a) sea recojida y se me notificará de la comisaría de policía local. Entiendo que las excursions y los privilegios pueden ser quitados de mi hijo(a). Entiendo que los padres no tienen que acompañar durante la excursion. Yo entiendo, que es mi responsabilidad en mandar a mi hijo(a) con comida or dinero para comida durante la excursion.

MOVIE CONSENT/CONSENTIMIENTO DE PELICULA

I hereby authorize my son/daughter to watch movies with teen club. I authorize for my son/daughter to watch PG and PG-13 movies. Por medio de la presente autorizo a mi hijo/hija a ver películas con teen club. Yo autorizo a mi hijo/hija para ver PG y PG-13 películas

PARTICIPATION CONSENT/CONSENTIMIENTO DE PARTICIPACION

My child, a minor has my permission to participate in the EXPO Center, Teen Program and all activities therein, including chartered vehicles or city vehicles for trips. By my child's participation in the program I understand that certain activities by nature have increased risk of injury, including death, despite extensive measures taken by the Teen Program staff to provide a safe environment and ensure the safety of my child. I understand that I will not receive any compensation to any damages. I understand the nature of the program games and sports activities and am aware of the minor's experience and capabilities and believe my child to be qualified, in good health and in proper physical and emotional condition to participate in such activities. I agree to relieve the City of Los Angeles, Department of Recreation and Parks and the EXPO Center facility CARRIES NO INSURANCE. I hereby agree to indemnify, defend and hold harmless the city of Los Angeles, and its officers, employees, agents and volunteers from and against any and all damages, injuries, loss, liability, charges and expenses in any way arising out of my (or my child's) participation in this program for which I register.

Mi hijo, un menor tiene mi permiso para participar en la EXPO Center, Programa de adolescentes y todas las actividades que en él, incluidos los vehículos alquilados o vehículos de la municipalidad de la Ciudad. Por mi participación del niño en el programa tengo entendido que algunas de las actividades por su propia naturaleza tienen un mayor riesgo de lesiones, incluida la muerte, a pesar de las intensas medidas adoptadas por el Programa de Adolescentes personal para proporcionar un entorno seguro y garantizar la seguridad de mi hijo. Entiendo que no voy a recibir una indemnización por perjuicios. Comprendo perfectamente la naturaleza del programa juegos y actividades deportivas y soy consciente de la menor experiencia y capacidades del niño y creo que mi para ser calificado, en buena salud y el buen estado físico y emocional de participar en tales actividades. Estoy de acuerdo en liberar la ciudad de Los Angeles, Departamento de Recreación y Parques y centro de la EXPO NO TIENE SEGURO. Me acepta indemnizar, defender y librar la ciudad de Los Angeles, y sus directivos, empleados, agentes y voluntarios de y contra cualquier y todos los daños, lesiones, pérdida, responsabilidad, costos y gastos en que surja de mi (o mi hijo's) participación en este programa para que me registro.

PHOTO/VIDEO CONSENT

If further agree that the City of Los Angeles Department of Recreation and Parks and the EXPO Center facility has my permission to use photographs, video and/or auditory statements taken from me and my child during program activities for publicity purposes (social medias) and acknowledge that I will not receive any compensation for such use.

Si además de acuerdo en que la Ciudad de Los Ángeles Departamento de Recreación y Parques, así como la instalación del Centro EXPO tiene mi permiso para utilizar las fotografías, video y/o auditiva declaraciones tomadas de mí y mi hijo durante las actividades del programa con fines publicitarios (redes sociales) y reconocer que no voy a recibir una indemnización por dicho uso.

GENERAL PROGRAM POLICIES

Teens must be age appropriate by the first day and be required to show proof of age. Teens must follow program rules and must participate in all activities. Registration is on a first-come, first serve basis and space is limited. ***A new updated program application must be submitted each year, during membership renewal. Failure to submit a new registration application, and renewal of member fees, member will not be allowed to stay in the program, until requirements are met.*** Participants must be picked up from the program before the assigned closure time. Program staff will notify local authorities, in the case program participant does not get picked up after normal program hours. Only 10 minutes are granted after normal program operation hours, prior to contacting local authorities. Any changes to authorize parents/guardians on this form must be submitted in writing. Any special requests must be submitted in writing. Each member is held accountable for their actions and behaviors at all times. Individuals who repeatedly violate the program rules, cause excessive distraction in the program, require disproportionate staff attention, supervision, and/or discipline, or show continued disrespect towards staff or other participants, will not be tolerated, and will be dismissed or expelled from the program. **EXPO demands a high level of maturity and responsibility from each participant as a prerequisite to attend our program.**

Los adolescentes deben ser apropiados para la edad para el primer día y se requiere mostrar una prueba de edad. Los adolescentes deben seguir las normas del programa y debe participar en todas las actividades. Registro está en un primer llegado, primer servido base y el espacio es limitado. Un nuevo programa actualizado deberá ser presentada cada año, durante renovación de la suscripción. El incumplimiento en la presentación de un nuevo programa de registro y renovación de los miembros honorarios, los miembros no se les permite quedarse en el programa hasta que se cumplan los requisitos. Los participantes deben ser recogidos en el programa asignado antes de que el tiempo de cierre. Personal del Programa se notificará a las autoridades locales, en el caso participante en el programa no se recogió después programa horas normales. Tan sólo 10 minutos se conceden después horas de operación normal del programa, antes de entrar en contacto con las autoridades locales. Cualquier cambio a autorizar a los padres/tutores en este formulario debe ser presentado por escrito. Cualquier petición especial deben ser presentadas por escrito. Cada miembro es responsable de sus acciones y comportamientos en todo momento. Las personas que incumplen reiteradamente las normas del programa, provocar una excesiva distracción en el programa, requieren desproporcionada atención del personal, la supervisión y/o de disciplina, o mostrar respeto hacia el personal permanente o para otros participantes, no se tolerarán, y será despedido o expulsado del programa. EXPO exige un alto nivel de madurez y responsabilidad de cada uno de los participantes como un requisito previo para asistir a nuestro programa.

Program participants must be pick up from the EXPO Center by 7:30pm on Monday-Thursday and Friday 8:00pm the latest. Failure to do so will result in a \$1.00 per minute fee to be paid on the date of incident. LAPD will be notified if participant is not picked up by time mentioned above.

Los participantes en el programa deben ser recogida en el EXPO Center de 7:30pm de Lunes a Jueves y 8:00pm los Viernes, lo tardar. El no hacerlo puede resultar en un \$1.00 por minuto tarifa que se paga en la fecha del incidente. El LAPD se notificará si el participante no está recogido en el tiempo mencionado anteriormente.

I, have read The Clubhouse application and I understand and agree to follow all policies and procedures enclosed in this application. I understand what is required from my child during his participation in the program. I understand that the EXPO CENTER and The Clubhouse has Zero Tolerance and my child could be terminated from the program if policies and program guidelines are not met.

Yo, he leído el Clubhouse aplicación y entiendo y estoy de acuerdo en seguir todas las polizas (reglas) y procedimientos incluidos en esta aplicación. Entiendo lo que se requiere de mi hijo durante su participación en el programa. Yo entiendo que el club tiene cero tolerancia y mi hijo(a) podría ser despedido del programa si las polizas y reglas del programa no se cumplen.

Parent Name (Print): _____

Parent Signature: _____

Date: _____

Teen Name (Print): _____

Teen Signature: _____

Date: _____



The Clubhouse Rules

Member Expectations:

Program privileges can be taken away if rules are not met.

- Member must sign-in/ out of the program. Sign-out will only permit members to go home or to participate in any other teen program or EXPO programs. If not followed, privilege will be taken away.
- Member must actively participate in all program activities and must refrain from cellphone use during activities.
- Member must respect ALL EXPO Staff and program peers at ALL TIMES.
- Member must use ALL program equipment appropriately.
- Member must be with a staff at ALL TIMES at designated activity areas.
- Member must follow instructions at ALL TIMES.

While participating in The Clubhouse and trips, the following behaviors will not be tolerated:

The Clubhouse has Zero Tolerance and it can result in disciplinary action or immediate termination from program.

1. Use of profanity or vulgar gestures
2. Bullying: Physical, Verbal, Covert or Hidden bullying and Cyberbullying will not be tolerated.
3. Rudeness and disrespect to staff, fellow teens, and employees at other sites we are visiting.
4. Unwanted and inappropriate sexual or physical behavior toward others.
5. In possession or in use of Drugs, alcohol and/or tobacco use.
6. Possession of any kind of weapon and graffiti paraphernalia (spray cans,etc..)
7. Vandalizing of City equipment or property.
8. Shoplifting or stealing off-site or on-site.
9. No physical or verbal altercation that leads to violence.
10. No discrimination based on race, religion, gender, national origin or color.

While participating inside The Clubhouse room:

1. No rolling chairs
2. No food, drinks or gum allowed inside the room.
3. No placing backpacks or bags near workstations.
4. Put all art supplies, games and other supplies in the appropriate storage.
5. No screaming, making loud noises, or interrupting others.
6. Refrain from using power outlets to charge phones during program activities.
7. Keep all valuables with you. The Clubhouse is not responsible for stolen or lost items.

While using the workstations in The Clubhouse:

The computer workstations should be used for educational purposes only. Staff may limit the number of users and may interrupt any computer activity at ANYTIME.

1. No chat or social websites such as Facebook, Twitter, YouTube or any other chat social websites and games.
2. No violent games.
3. No sites that stream videos.
4. No downloading program or games on the work station.
5. Do not remove desktop icons or modify the desktop window.
6. Do not create or distribute computer viruses.
7. No "Hacking" of any kind.
8. Do not use the workstations to purchase items online.
9. Save files on a USB or send to a personal email. All items left on desktop will be deleted.
10. Leave the workstation clean and turn off workstation properly.
11. Do not disturb others.
12. Do not use the workstations for illegal activity or inappropriate websites.

Violations of these guidelines may result in the suspension of computer privileges. Unlawful activities will be reported to the Park Rangers or the Los Angeles Police Department and will be dealt with in an appropriate manner.

I promise to abide by all rules and codes set forth, by not only EXPO Center staff, but also those set by my peers. I furthermore promise to be courteous towards others and respect each participant and staff at EXPO Center. I realize that if any actions caused by me, harm or make another member uncomfortable, I may be asked to leave the premises and/or activity and my parent or legal guardian will be notified of my behavior in the program. If I fail to conduct myself appropriately, I understand that EXPO Center and The Clubhouse staff may remove all my privileges and I might get suspended or be terminated from the program immediately.

Teen Member Name (Print): _____ Signature: _____

Parent Name: _____ Parent Signature: _____ Today's Date: _____



SIGN-IN/SIGN-OUT AUTHORIZATION FORM

TEEN CLUBHOUSE PROGRAM

This form is intended only for Teen sign-in/out authorization during Teen Program operations.

PLEASE: Circle the Type Of Request: Sign-In Only Sign-out Only Both

I/We the undersigned parent/guardian(s) of _____, a minor, do hereby authorize the staff of EXPO Center, Teen Program to allow my child to sign-in or sign-out of the teen program. I understand that my child cannot sign-in before normal program operation hours.

I understand that Staff approval is required prior to implementing my request. I further agree to relieve the City of Los Angeles Department of Recreation and Parks, EXPO Center, its officers, agents and employees from any liability for injury, loss or incidents that may occur to my child in and out of the EXPO Center premises after signing in or out of the Teen Program.

I understand a high level of maturity and responsibility is expected from my child after signing out of the program. My child will be accountable for his/her actions and behaviors at all times.

I understand that my child must leave the EXPO premises, once signed out, unless my child is enrolled in any other EXPO Center programs for the remaining of the day.

I understand, that if my child does not use this authorization properly, this request can be revoked and taken away by the program coordinator, until my child meets program guidelines and rules that apply to this request. I understand, that I will have to come sign in and out in the event that this request becomes revoked. **I understand, if I have a specific sign out time for my child, I must submit a written note with my request.**

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENTS.

Participant Signature

Today's Date

Parent Signature

Today's Date

Program Coordinator Signature: _____ Date Received: _____

Please return this form to the Teen Program Office
2nd Floor
3980 Bill Robertson Lane Los Angeles, California 90037
Ph. 213-763-0114 x213 Fax: 213-763-3117



EXPO CENTER The Clubhouse
EMERGENCY CARD INFORMATION

3980 Bill Robertson Lane, Los Angeles, CA 90037 (213)763-0114



Child's Name: Home Phone:

Address:

City: State: Zip Code:

Father Full Name (PRINT):

Father: Work Phone:

Email:

Mother Full Name (PRINT):

Mother: Work Phone:

Child's Birthdate: Age: School: Grade:

Medical Plan/Insurance: Allergies and/or medication:

Can your child be given: Tylenol? Pepto-bismal? Benadryl? Yes No

Please list any medical conditions or restrictions:

If parents are not available, other authorized adults to call in an emergency:

Name: Relationship: Home Phone:

Work Phone: Email:

Name: Relationship: Home Phone:

Work Phone: Email:

Name: Relationship: Home Phone:

Work Phone: Email:

PARENT PERMISSION:

I hereby authorize my son/daughter to travel (bus, van or walking) to any field trip/outing in association with the EXPO Center: I release the City of Los Angeles and its officials, agents, and employees from any liability in connection with this authorization.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT

(I), (We), the undersigned parent (s) of , a minor, do hereby authorize the DIRECTORS AND STAFF OF EXPO CENTER as agent (s) for the undersigned to consent to any X-Ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that may be required, and it is given to provide authority and power on the part of aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

Parent/Guardian Signature: Date:

Parent/Guardian Print Name:

OFFICE USE ONLY

Office Use Only

LiveScan: Yes___ No___ Date of LiveScan: _____
Age Termination Date (18 & over): _____
Member Since: _____ New or Returning Member: _____

Clubhouse Village Account: (Office Use Only)

Password: _____ Username: _____

Membership Status: (Office Use Only)

Active: _____ Membership Date: _____

For Office Use Only

Application Received By (Staff Name): _____ Date: _____ Time: _____



**High School and Middle School Pick-Up Program
Participants (ONLY):
Participantes del Programa de Transportacion (SOLAMENTE)**

NOTIFICATION/ NOTIFICACION

I understand, that I need to notify Teen Clubhouse staff before 12:00pm, if my child is absent from school and will not be attending the EXPO Teen Program for the day. I need to notify if my child will have early dismissal.

Yo entiendo, que tengo que notificar al Teen Clubhouse personal antes 12:00pm, si mi hijo está ausente de la escuela, y no asistirá al program de EXPO Teen Clubhouse durante el dia. Yo tengo que notificar si mi hijo sale temprano.

PAYMENT/PAGO

All program fees are due on the FRIDAY before the week I wish to register my child. I understand a late fee of \$10 will be assessed on Monday. I understand my child will be provided services, starting Tuesday, if my payment is made after 2:00pm on Monday.

Todos los pagos de los programas se deben en el viernes anterior a la semana que quiero registrar mi niño. Entiendo que un cargo por pago tarde de \$10 será evaluado el Lunes. Yo entiendo mi niño se prestaran servicios, a partir del Martes, si mi pago se efectúa después 2:00pm de la tarde el dia Lunes.

PICK UP SERVICES/SERVICIOS DE TRANSPORTACION

School pick up services are on first come first serve basis as there are limited spaces available. Pick up service will be provided, only to schools that have 5 or more registered participants per week. Services can be suspended if the number of participants per school/per week, is not met.

Escuela servicios de recogida son por orden de llegada, hay espacio limitado. Servicio de recogida serán proporcionados, sólo a las escuelas que tienen 5 o más participantes inscritos por semana. Servicios puede suspenderse si el número de participantes por escuela y por semana no se ha cumplido.

School pick up is only from school to the EXPO Center, only. Only within the designated program time. Program Operation Hours: Monday-Friday 1:00PM-5:30PM, including early dismissal. Service is not provided during holidays, and holiday observed by the City of Los Angeles, and EXPO Center closure days due to events.

Escuela de recogida es sólo de la escuela a la EXPO Center, sólo. Sólo en el tiempo del programa. Programa Horas de operación: Lunes-Viernes 1:00PM-5:30PM, incluyendo despido anticipado. No se proporciona el servicio durante las vacaciones, y vacaciones observadas por la Ciudad de Los Angeles, y días cerrados en el EXPO Center por eventos.

PICK UP ROUTE/ RUTA DE RECOGIDA

I understand that EXPO Center and its staff reserve the right to change or alter the pick-up route without notice, due to weather conditions, major events in the local area, traffic, re-routes and lateness from participants to the pickup location. I understand that my child will arrive to EXPO Center at the designated arrival time.

Tengo entendido que la EXPO Centro y a su personal reserva el derecho de cambiar o alterar la ruta de recogamiento sin previo aviso, debido a las condiciones climáticas, los principales acontecimientos en el área local, el tráfico, la reutilización de las rutas y la demora de los participantes a la ubicación de recogida. Entiendo que mi hijo llegará a EXPO Center en la hora de llegada.

**I acknowledge that I have read and understand all of the Pick Up Program and policies on this application.
Yo reconozco que he leído y entendido todas las polizas del programa de Transportacion y polizas en esta solicitud.**

Parent/Guardian Print Name/ Nombre del Padre/Tutor: _____

Parent Signature/ Firma del Padre/Tutor: _____ **Today Date/Fecha deHoy:** _____