



**TEEN CLIMATE JUSTICE PROGRAM ENROLLMENT APPLICATION
FALL 2023-Spring 2024**

Student Name: _____ Gender Pronouns: _____
Age & Grade: _____ School: _____ Birthday: _____
Home Address: _____ Borough: _____
Student Email: _____
Student Phone Number (if applicable): _____
Available means of contact: (Check all that apply): Phone _____ Text _____ Email _____
Other Information: Does your child have an IEP? Yes: _____ No: _____
Allergies/Dietary/Medical Needs: _____

Is there anything else you or your family would like us to know? _____

Parent/Guardian Name: _____
Parent Email: _____ Parent Phone Number: _____
Available means of contact: (Check all that apply): Call _____ Text _____ Email _____

2nd Parent/Guardian Name (optional): _____
Parent Email: _____ Parent Phone Number: _____
Available means of contact: (Check all that apply): Call _____ Text _____ Email _____

Emergency Contact Name: _____
Relationship to Student: _____ Phone Number(s): _____
Available means of contact: (Check all that apply): Call _____ Text _____

2nd Emergency Contact Name (optional): _____
Relationship to Student: _____ Phone Number(s): _____
Available means of contact: (Check all that apply): Call _____ Text _____

Our program offers students a **choice between working towards a \$750 stipend for participation in 40 workshops, a \$375 stipend for participating in 20 workshops, or working towards community service hours fulfillment.** Students fulfilling community service hours may be asked to take on leadership roles. Do you know which goal you will be working towards?

- _____ **\$750 Full Stipend (40 workshops)**
- _____ **\$375 Half Stipend (20 workshops)**
- _____ **Community Service Hours**
- _____ **Not sure yet**

Emergency Medical Care Authorization

In the event of a medical emergency, every effort will be made to contact the parents, guardians, and emergency contacts of the student. I hereby give permission to the medical personnel selected by the program director to act in the best interest of my teenager in the case of an emergency and guardians cannot be reached.

Required Signature of Parent/Guardian _____ **Date:** _____

Sixth Street Teen Program Liability Disclaimer and Notices— Please read carefully:

I _____ (parent and/or guardian) of the minor
_____ (teen's name), hereby acknowledge the following notices and grant to Sixth Street Teen Program and Sixth Street Community Center the following release from liability:

a. I acknowledge and fully understand that my teen will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my child's physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my child's participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained by my child which might incur as a result of participating in this program and discharge and hold harmless Sixth Street Community Center, Sixth Street Youth Program, it's owners, officers, directors, members, employees and agents from any claim, clause of action or liability for damages arising from any personal injury to my child or other persons or property caused by my child's participation in Sixth Street Teen Program.

b. I understand that this program includes on and off campus activities within the neighborhood. This includes but is not limited to different rooms, outside areas within the community center, local gardens, local parks, partner organizations, local establishments and businesses.

c. I understand that Sixth Street Teen Program and Sixth Street Community Center is not responsible and is not held responsible for any damage or loss of money, jewelry, equipment, clothing or other personal articles. I understand that valuable items are brought to Sixth Street Community Center at one's own risk.

d. I agree to give Sixth Street Community Center and Sixth Street Teen Program permission to use student work, photographs, videos or audio recordings of my teen for any Sixth Street Community Center or Sixth Street Teen Program promotional materials. I understand that my child will not be identified by name, nor will any compensation be extended for such use.

e. If it is necessary, in the judgment of Sixth Street Community Center or Sixth Street Teen Program personnel, to use outside medical aid for the student's health, we hereby permit and authorize him/her to do so.

f. I understand that Sixth Street Community Center is taking serious precautions to reduce the spread and risk of children, teens, families, and staff becoming sick with COVID-19. I agree to having my teen wear a mask on during program hours and to practice social distancing as best as possible. I will not hold Sixth Street Teen Program liable if my child, self, or family member becomes sick with COVID-19. I will let the Teen Program Director know if someone in

the household has come down with COVID-19 like symptoms and ensure my teen stays home until it is safe to return to the program.

Has your teen received the COVID19 vaccine? Y ___ N ___

Authorization to Engage in Sixth Street Teen Program Activities

I have read the Teen Program Liability and Activities Notices above and authorize that my child has permission to engage in Sixth Street Teen Program activities:

Teen's Printed Name & Parent/Guardian's Printed Name:

Required Signature of Parent/Guardian _____ **Date:** _____

General Program Notices— Please read carefully and note:

- The Sixth Street Teen Program will operate Tuesday, and Thursday from 3pm-6pm. Students and parents will be notified of no program days in advance and will be notified of make up days if applicable.
- Students and families are responsible for their own transportation to Sixth Street Community Center for the Teen Program. The program begins at 3pm.
- Students and families are responsible for their own transportation from Sixth Street Community Center after program hours. The program ends at 6pm.
- If your Teen is not attending program on days they are scheduled, please notify us by 11am each day that the program is scheduled.
- Teens may not participate in any program activities until their completed forms, consents and waivers have been received and processed by Sixth Street Community Center.
- SSCC Program Directors reserve the right to dismiss a participant if they judge that the participant's behavior interferes with the rights of others, disrupts the smooth functioning of a group or activity, or violates the participants expectations for conduct.

I have read and understand the General Program Notices:

Required Signature of Parent/Guardian _____ **Date:** _____

Sixth Street's Teen Climate Justice Program offers participants the opportunity to support the center's Youth Program, an after school program that offers enrichment in visual arts, creative writing, urban gardening, cooking, health, and nutrition to children ages 5-13. Would you be interested in serving an additional two days per week as a teen intern with the Sixth Street Youth Program? Yes: _____ No: _____ Possibly: _____

Once your teen has been confirmed as enrolled in our program, you will receive confirmation from the Sixth Street Teen Program Director.

If you have any questions, please contact:

Sixth Street Teen Program Director, Anna Tsomo
anna@sixthstreetcenter.org
929-220-3014