

1050 Lashley St.
Longmont, CO 80504
303-651-8580

Children, Youth and Families MEMBERSHIP FORM



Please keep this page for your records

Our Mission

Our mission is to empower children, youth, and families to be active, responsible members of society while strengthening their connection to the communities in which they live.

Our Services

We offer a variety of bilingual (English/Spanish) services to help the City of Longmont's children, youth, and families reach their greatest potential. Services include:

Youth Development and Enrichment

Homework Help, Tutoring, and Post-Secondary Planning

Family Support and Parenting Classes

Professional Counseling Services

Early Childhood Education and Literacy

Community Problem Solving

Youth Center Zone Program Agreement

The Zone Program provides no-cost out-of-school-time enrichment, leadership, and social skills opportunities for youth in grades 6th – 12th. By attending Zone Programs, youth and their guardians agree:

- Youth will follow the rules and expectations set forth by staff
- Youth will be involved in at least one program each day
- Youth will respect people, property, and themselves
- Youth will give new ideas and share their thoughts
- Youth will have some fun!

Youth Center staff reserve the right to ask youth to leave at any time for not abiding by the agreement.

Hours and Phone Numbers

Main Office: 8am-5pm | Phone: (303) 651-8580

Zone Afterschool Program: 2:30-6pm (school days), 12-5pm (school holidays) | Phone: (303) 774-3767

Building and programs are closed on weekends and all City Holidays, call for information regarding weather-related closures.

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Youth Information (Required)

_____	_____	_____
First Name	Middle Name	Last Name
____/____/____	_____	_____
Date of birth	Grade, School Attended	Nickname/preferred name
_____	_____	_____
Street Address	City	State Zip Code
<input type="checkbox"/> <i>I would like to receive monthly updates and calendars for the Youth Center via email</i>		
Guardian's email address _____		

Guardian Information (Required)

_____	_____	_____
First Name	Last Name	Employer
_____	_____	
Cell or home phone number	Emergency/secondary phone number	

Secondary Guardian Information (Required)

_____	_____	_____
First Name	Last Name	Employer
_____	_____	
Cell or home phone number	Emergency/secondary phone number	

YOUTH AGREEMENT (Required)

- I will follow the rules and expectations set forth by staff.
- I will be involved in at least one program each day.
- I will respect people, property and myself.
- I will give new ideas and share my thoughts.
- I will have some fun!

Youth Signature

Date

Youth Center staff reserve the right to ask youth to leave at any time for not abiding by this agreement.

The Youth Center will at times take youth on field trips. In-town field trips (to locations such as the Recreation Center and Sunset Pool) will be taken without a consent form, while trips out of town will require filling out an additional consent form.

Please inform staff if you do not want your child to be allowed on in-town field trips.

REQUIRED MEDICAL INFORMATION

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN PROGRAMS SPONSORED BY THE CITY OF LONGMONT:

I understand that there are certain risks involved with participating in the City of Longmont activity identified above. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death and/or property damage resulting from an incident which may occur to my minor child as a result of my minor child's participating in the City's activities. This RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of the City of Longmont, its officers, agents, volunteers, assistants or employees.

Signature of Parent or Guardian _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION:

I furthermore give permission to the City of Longmont and its employees and volunteers to obtain emergency medical treatment for my child(ren) or the child(ren) over whom I have legal custody, each of whom is listed above. I understand that all reasonable effort will be made to contact me prior to seeking medical care for the child(ren) listed above. If I cannot be reached, the City of Longmont will exercise reasonable judgment in seeking medical treatment for my child. The City of Longmont may contact the following health care provider for medical treatment or other health care providers if the health care provider listed below is not available.

Medical Facility _____	Doctor _____	Doctor's Phone _____
Insurance Company _____	Policy number _____	Can member swim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Problems/Allergies: _____ _____ _____	Medications: _____ _____ _____	

Signature of Parent or Guardian _____ Date _____

PHOTOGRAPH RELEASE

(allowing Youth Center to take and use pictures for publicity)

To more effectively promote programs and activities sponsored by the City of Longmont, the City of Longmont seeks the permission of program and activity participants to photograph and/or video (referred to as photograph) the participants and/or their child/children/ward(s) participating in City of Longmont programs and activities.

Please complete the following optional section:

I, _____, the parent or legal guardian of _____, permits the City of Longmont to take and use photographs of me and/or my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of me and/or my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of me and/or my child/children/ward(s) remain the property of the City of Longmont.

I also waive any right that I may have to inspect or approve the finished product or products, or the advertising copy or printed matter that may be used in connection therewith, or the use to which it may be applied. I release, and agree to save harmless the City, its officers, agents, volunteers, assistants, and employees, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the photographs or in any subsequent processing, as well as any publication, even though it may subject me to ridicule, scandal, reproach, scorn, and indignity.

I am 18 years old or older and have every right to sign this release on my behalf and/or on behalf of my child/children/ward(s).

Signature Of Parent of Guardian: _____ **Date:** _____



Authorization to Release Information

(Allows Youth Center to communicate effectively with school or other agencies about your youth)

I, _____ hereby authorize Longmont Children
(Name of Youth, Parent or Guardian)

and Youth Resources to release information concerning services provided to me or my child/ward. I also allow inspection and reproduction of records in their possession pertaining to me or my child/ward by any authorized representative of the agency listed below. I release Longmont Children and Youth resources employees, the agency or the institution from any and all liability for supplying such information.

Name, address and contact person of source of information:

Name of Agency or School Contact Person

Agency or School Address City State Zip

I certify that this request has been made voluntarily. I understand this authorization shall continue in effect for twelve (12) months unless rescinded earlier by written notice to Longmont Children and Youth Resources. I understand that I may revoke this authorization at any time by giving written notice to Longmont Children and Youth Resources; however, I also understand that any information released prior to my revoking this authorization in writing shall not be considered a breach of my right to confidentiality. I hereby release all of the parties listed above from liability which may result from furnishing this information.

Signature of Client (Youth)

Signature of Witness

Date

Date

Signature of Parent/Guardian of Minor
Child if under age 15

Signature of Witness

Date

Date