

BACC

Membership Information Form (Please write clearly)

First Name _____ Last Name _____ M.I. _____

Age _____ Date of Birth _____

Ethnicity (optional): {circle one} African American Caucasian Latino

Asian Multi-Racial Other _____

Home Address _____

City _____ Town _____ Zip _____

Home Phone _____ Gender _____

School _____ Grade _____

I understand and agree that the Ballston Area Community Center shall not be responsible or legally liable for any losses of personal property, or for any bodily injuries, or the results thereof, incurred and suffered by the applicant on any property of the Ballston Area Community Center. In the event of a medical emergency I understand every effort will be made to contact parent or guardian. If I cannot be reached I grant permission to the physician selected by the staff to hospitalize, secure proper treatment, and/or order injection, anesthesia or surgery for my child named above.

I give my consent for any photographs, in which my child may appear, to be used in promotion of the Ballston Area Community Center.

Signature of Parent or Guardian _____ Date _____

General Facility Policies

No profanity or abusive Language.

No fighting is allowed on the property of the Community Center.

No jumping or climbing on furniture or tables in any area of the Community Center.

Do not misuse the facility and or equipment.

No smoking, alcoholic beverages, or other drug use in any area of the Community Center.

Weapons are prohibited on the property of the Community Center.

No inappropriate attire.

Sexual or ethnic harassment of patrons and or Employees is not allowed.

The Ballston Area Community Center is not responsible for lost or stolen items.

Gym

Clean athletic shoes must be worn on the gym floor. Absolutely no boots allowed.

No spitting on the gym floor or the walls

No hanging on basketball rims

No food, drink, or gum is allowed in gym.

Activities intended for the gym will not be permitted in the rec. room.

Rec. room equipment must be returned to its original place when not in use.

No running or rough housing will be allowed in the rec. room.

Inappropriate behavior will result in:

First offense: Verbal warning from BACC staff.

Second Offense: Second verbal warning from BACC staff.

Third Offense: The guardian of the youth will be contacted: the youth will be asked to leave the facility for the evening. If the youth chooses to return in the future, he/she will need to speak with the BACC staff.

Teen Member Signature/Date: _____

Parent/Guardian Information Form

Parent/Guardian Name _____

Relation _____

Home Address _____

Home Telephone (____) _____ Work Telephone (____) _____

Place of Employment _____

Date _____

Signature _____

Printed Name _____

Additional Contact Information

Name _____

Relation _____

Phone (____) _____ Other Phone (____) _____

Name _____

Relation _____

Phone (____) _____ Other Phone (____) _____

Name _____

Relation _____

Phone (____) _____ Other Phone (____) _____

MEDICAL TREATMENT FORM ON BACK

BACC

Ballston Area Community Center
9 Scott Street

Authorization for Medical Treatment of Minors

If your child needs medical, dental, health, or hospital services, under the law, you as a parent must give permission. If you are with your child, you can give permission as the need arises. You can prepare for unexpected medical needs when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you in your absence regarding the medical treatment of your child.

Please appoint nearby friends, or neighbors, over eighteen years of age. Because this is a legal document, your signature must be witnessed by another adult different from the person whom you have appointed responsible.

Please inform those you have appointed to act in your behalf and return the completed form to BACC.

Identification

Name of Minor _____ Birthdate _____

Known Allergies _____

Special conditions _____

Date of last Tetanus shot _____ Medications now being taken _____

Hospitalization coverage for above named Minor

Insurance company or Government program _____

I.D. or contact number _____

Family Physician

Name _____ Phone _____

Address _____

I, being the parent or legal guardian of the above named minor, do hereby appoint:

The Ballston Area Community Center and its staff, located at 9 Scott Street, Ballston Spa, New York 12020 (Phone (518-885-3261) to act on my behalf in authorizing unexpected medical care, and hospitalization for the above named minor in my absence.

Parent/Guardian signature

Date _____

Address _____

Phone # _____

witness signature

Date _____

Address _____

Phone # _____

Attention Teen Program Members

The BACC Teen program has a NO RE-ENTRY policy. This means you cannot leave the center and expect to return. You cannot leave for ANY REASON. **This includes trips to Cumberland Farms.**

Please be sure to bring everything you need into the center with you. The staff does not want to hear that you left something in your car and you need to go get it.

As a Reminder: *SMOKING IS PROHIBITED ON THE BACC PROPERTY. DO NOT ASK IF YOU MAY LEAVE FOR THIS REASON.* If you do, you will be given your first strike.

This Policy is non-negotiable, so do not hassle the staff about it.

Questionnaire

Date _____

What is your age _____ Sex _____

School _____ Grade _____

We would like to know a little about what you did for recreation before this program.

1. Did you go school regularly ___ Sometimes ___ Never ___?

2. What did you spend your free time doing?

	Most of the time	Sometimes	Rarely	Never
Stay home	_____	_____	_____	_____
Hang out:				
- With friends	_____	_____	_____	_____
- On the street	_____	_____	_____	_____
Play sports	_____	_____	_____	_____

(What Sports?) _____

Work on art	_____	_____	_____	_____
Take a nap	_____	_____	_____	_____
Home work	_____	_____	_____	_____
Hobbies	_____	_____	_____	_____

(What Hobbies) _____

Use the computer	_____	_____	_____	_____
Watch TV	_____	_____	_____	_____

(What Shows?) _____

Listen to music	_____	_____	_____	_____
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3. Did you work Yes ___ No ___ if you did, what did you earn? _____
 How many hours a week? _____
 What kind of work did you do? _____

4. Who did you spend most of your time with?

	Most of the time	Sometime	No time
Friend's	_____	_____	_____
Family	_____	_____	_____
Above	_____	_____	_____

We would like to know a little about you

5. If you could choose any kind of work what would you like to do? _____

6. Have you spent time in the BACC rec. room? Yes ___ No ___

If so what do you like about the rec. room? _____

What do you dislike about the rec. room? _____

7. Have you spent time in the BACC gym? Yes___ No ___

If so, what do you like about the gym? _____

What do you dislike about the gym? _____

What is something new that you would like in the gym? Any sports/games?

8. Please check if you would like BACC to provide the following:

Community garden _____

Art Club _____

Dark room _____

Music lessons _____

Martial arts _____

Discussion group's _____

Fencing _____

Dance _____

Open mic. _____

Job fair _____

College fair _____

9. Are there any other things that you'd like to see at the Community Center?

BACC

9 Scott Street

Phone# (518) 885-3261

Fax # (518) 884-0259