# TEEN NIGHT

at the



## Monday, August 22, 2022 3:00 - 5:30 P.M.

- Indoor basketball
- Scrimmage against Mobile Fire-Rescue
  - Homework assistance

This FREE event is for middle school and high school students

Parents/Guardians must register their student(s) prior to the event

FOR MORE INFORMATION

251-479-0649 126 Mobile Street www.dumaswesley.org



### Teen Nights at the Dumas Wesley Community Center

This form **MUST** be turned in at Dumas Wesley Community Center by the parent or guardian before a student can participate in Teen Night events. Teen nights ends at 5:30 p.m. All students must be picked up by 5:30 p.m. or you will be fined \$15 for every fifteen minutes you are late.

Parent's/Guardian's Name:			
Address:			
Cell#			
Home #			
Work #			
Email Address:			
*Please keep all contact numbers updated as needed in case of emergence	cy.		
Which phone number is best to reach you between the hours of 3:00pm and	5:30 pm?		
Cell Home Work or Alternate			
List the name and age of each student participating:			
1	Age:	Gender:	
2.	Age:	Gender:	
3			
4			
J	11gc	Gender.	
Schools attending:			
Emergency Contact: (Other than parent/guardian)			
Name:			
Address:			
Cell #:			
Home #:			<del></del>
Work #:			
Relationship to student(s):			
*Please keep all contact numbers updated as needed in case of emergence	cy.		
Name of child(ren) with allergies:			
What are their known allergies?			
What medications does your child(ren) take?			
Name of child(ren) needing special needs accommodations:			
Please explain:			
Child(ren) Doctor Name:			
Doctor phone #:			
If your child is injured do you give us permission to treat or take your child	to the nearest hos	spital?	
Ves No		1	

#### For grant and funding purposes, please answer the following two questions:

#### **Annual Household Income (circle one)**

Less than \$15,000 \$15,001-\$20,000 \$20,001-\$25,000 \$25,001-\$30,000

\$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000

**Ethnicity: (Circle one)** 

Arab or Arab American Asian or Asian American Black or African American Latin American

Multiracial or Multi-Ethnic Native American, American Indian or Alaska Native Native Hawaiian

Pacific Islander White or Caucasian Other

#### I give my permission for my child to participate in: (circle yes or no and sign each line)

Walk to the Center and home after Teen Night	Yes	No	Signature of parent/guardian	Date
Photographic, audio or video recordings to be used in media, social media & marketing purposes:	Yes	No	Signature of parent/guardian	Date

#### Person(s) the child may be released to:

Name	Relationship	Address	Telephone Number

#### **DWCC Rules:**

- Students must wear closed toed shoes at all times!
- 2. No weapons, drugs, cigarettes, or e-cigarettes of any kind are allowed on the property.
- 3. There is no food and drinks allowed in the gym, at any time.
- 4. DWCC is not responsible for any lost or stolen property.
- 5. Check-in ends at 4:30 p.m. Students will not be allowed in the building after that time.
- 6. Doors are locked and the building is closed at 5:30p.m. If you pick up your child after this time there is a \$15 penalty for every fifteen minutes you are late.
- 7. Students shall not fight or scuffle.
- 8. Cursing or profane language is not allowed at any time.
- 9. Students are expected to clean up after themselves and help keep the facility clean.
- 10. Cell phones and items from home must remain in the child's book bag during program hours.
- 11. Everyone must obey the rules posted in the gym.
- 12. No short shorts, skirts, or clothing with foul language or images is permitted. All children are required to wear a belt. We do not allow sagging pants or shorts. If children continue to disobey the dress code they will be sent home.
- 13. No smoking anywhere on DWCC property. Drugs and Alcohol are not permitted anywhere on DWCC property. If you are found to be intoxicated or under the influence you will be asked to leave immediately.
- 14. For disturbances, fights or theft we will call the police.
- 15. All rules are subject to change.
- 16. At DWCC, we reserve the right to search all students and their property when entering the doors to ensure the safety of staff, volunteers and other participants. Failure to comply will result in termination from the program.
- 17. Disciplinary Action is left up to the judgement of the ASAP Staff.

#### **Disciplinary Action**

Dumas Wesley Community Center has a **zero tolerance policy** for fighting, bullying or any other inappropriate behavior directed to staff, peers, guests and other children on the DWCC property.

The staff may suspend a child for justified reasons without a warning and they may be asked to leave for the entire day or a specific period of time. If your child is suspended for any reason they may not be anywhere on DWCC property until the suspension is lifted.

I have read and understand the rules for the Dumas Wesley's Teen Night events		
Parent / Participant Signature	Date	



### Assumption of the Risk and Waiver of Liability Relating to COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Dumas Wesley Community Center (DWCC) has put in place preventative measures to reduce the spread of COVID-19; however, DWCC **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending DWCC after school programming could increase** your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the DWCC and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at DWCC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, DWCC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at DWCC or participation in programming. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless DWCC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of DWCC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any DWCC program.

Name of Parent/Guardian:	Name of ASAP Participant(s):		
Signature of Parent/Guardian	Date:		

## WAIVER AND RELASE FROM LIABILITY FORM (Child)

I,, on b	ehalf of (hereinafter referred to as "CHILD") HEREBY WAIVER AND
	forever discharge <b>Dumas Weslev Community Center (hereinafter known</b>
	s agents, employees, officers, directors, affiliates, successors and assigns, of
	ebts, contracts, expenses, causes of action, lawsuits, damages and liabilities,
•	or unknown, in law or equity, that I or child ever had or may have, arising from
•	ation in any of the events or activities conducted by, on the premises of, or for
	·
· ——·	vaiver of liability does not apply to any acts of gross negligence, or intentional,
willful or wanton misconduct.	
serious or grievous injuries, including bodi CHILD my heirs, assigns and next of kin, l	ns that said CHILD participate may be inherently dangerous and may cause ily injury, damage to personal property and /or death. On behalf of myself, I and said CHILD waive al claims for damages, injuries and death sustained may have against the aforementioned released party to such activity.
CHILD has the necessary and requisite sk	kills to participate in the requested activities and CHILD'S only limitations or
activities from which said CHILD is prohib	ited are noted below. The nature of the activities has been fully disclosed
and any flyer, advertisement, or brochure	relating to the participating activities is expressly made a part of this
WAIVER AND RELEASE.	
By this Waiver, I. on behalf of said CHILD	, assume any risk, and take full responsibility and waive and relinquish any
	contract, equity or otherwise including any claims of personal injury, death, or
damage to personal property associated v	with <b>DWCC</b> , including, but not limited to the participation in any volunteer
	ne volunteer site, consuming food, recreational activities or otherwise, or
using the facility and its equipment, or oth	er related activities on and off the premises.
This WAIVER AND RELEASE contains th	e entire agreement between the parties, and supersedes any prior written or
	g the subject matter of this WAIVER AND RELEASE. The provisions of this
	altered, amended, or repealed, in whole or in part, only upon the prior
written consent of all parties.	
The provision of this WAIVER AND RELE	ASE will continue in full force and effect even after the termination of the
	of, or for the benefit of <b>DWCC</b> , whether by agreement, by operation of law,
or otherwise.	
I have read, understand and fully agree to	the terms of this WAIVER AND RELEASE. I understand and confirm that by
	CHILD and I have given up considerable future legal rights. I have signed
	o duress or threat of duress, without inducement, promise or guarantee being
	of of my intention to execute a complete and unconditional WAIVER AND
this waiver.	f the law. I am 18 years of age or older and mentally competent to enter into
uns waiver.	
Date	
Date	
Printed Name of CHILD	
Printed Name of (Parent/Guardian)	Phone Number of (Parent/Guardian)
Signature of (Parent/Guardian)	Email Address for (Parent/Guardian)