

***The Joseph N. Hermann Youth Center***  
***North Andover Youth Services***

**MEMBERSHIP FORM**  
**School Year 2009 - 2010**

Please enclose annual joining fee of \$75 per child. Checks should be made payable to the Town of North Andover

- Please check here if financial assistance or full scholarship is necessary. No one will be denied membership due to financial hardship. Someone from NAYS will contact you shortly if this is an issue.

Please TYPE or PRINT all information. One form per child is required. Additional forms available.

<b>Member's Name:</b> _____		<b>Member's Number: (office use only)</b> _____	
<b>Address:</b> _____			
<b>Phone:</b> _____	<b>Date of Birth:</b> _____	<b>Grade:</b> _____	<b>Gender (circle)</b> Male      Female

<b>Mother's Name:</b> _____		
<b>Address:</b> _____		
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____	<b>Alt Phone:</b> _____
<b>Email Address (Family):</b> _____		

<b>Father's Name:</b> _____		
<b>Address:</b> _____		
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____	<b>Alt Phone:</b> _____
<b>Email Address (Family):</b> _____		

<b>Emergency Contact:</b> _____		
<b>Address:</b> _____		
<b>Home Phone:</b> _____	<b>Work Phone:</b> _____	<b>Alt Phone:</b> _____

<b>Physician's Name:</b> _____	<b>Phone:</b> _____
<b>Address:</b> _____	

<b>Insurance Company Name and Address:</b> _____	
<b>Policy Number:</b> _____	<b>Phone:</b> _____

<b>Allergies or special Medical considerations:</b> _____
---

***The Joseph N. Hermann Youth Center***  
***North Andover Youth Services***

**MEDICAL RELEASE FORM**  
**CONSENT FOR MEDICAL TREATMENT (MINORS)**

In the unlikely event that medical attention may be necessary for my child, I, the Parent/ Guardian of \_\_\_\_\_ give my consent for emergency medical/surgical treatment of my child.

**Signature of Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Specifics: (Example. " My child is allergic to..." or "my child is currently taking the following medications...")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL RELEASE**

In enrolling my child as a member in the Joseph N. Herman Youth Center, I understand that my child assumes any and all risks which might be associated with its activities and waive and release all rights and claims for the damages which my child, heirs, executors, administrators, assigns or I may have against the Joseph N. Hermann Youth Center, the Town of North Andover, and/or North Andover Youth Services, its directors, coaches, officials, or representatives for any and all injuries or damages of any kind suffered as a result of participation in the membership of the Joseph N. Hermann Youth Center.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Member's Signature:** \_\_\_\_\_ **Member's Birth date:** \_\_\_\_\_

**Photo Release of Liability**

I, (participant's name) \_\_\_\_\_ grant the North Andover Youth Services, persons acting for or through them, the right to use, reproduce, assign and distribute photographs, films, video tapes and sound recordings of myself (my child) to use for public relations, slide shows, newspapers and/or advertising for the North Andover Youth Services Program.

I agree with the Release of Liability and the Photo/Media statement and release all North Andover Youth Services Staff, Board of directors and the Town of North Andover.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if child is under 18 years of age)

# *The Joseph N. Hermann Youth Center*

## *North Andover Youth Services*

### **FACILITY RULES & REGULATIONS**

The Joseph N. Hermann Youth Center shall hereinafter be referred to as the "Center."

**Respect:** All members must treat staff, volunteers and other members professionally and respectfully. No offensive language or behavior will be tolerated. No fighting. Any debris or spills in the snack or kitchen area caused by a member must be cleaned up by the member.

**Substances:** No alcohol, tobacco or drugs permitted anywhere on the premises.

**Attire:** Proper workout attire required. Specifically, only rubber-soled (not black bottom) basketball, running, or cross-training shoes permitted in the gym, weight room, or all-purpose room. NO STREET SHOES. NO HARD-SOLED SHOES.

**Personal Property:** All personal effects must be kept off workout floors. Gym bags, back packs, sweatshirts, etc. are to be stored against the wall or out of the way of the workout area. The YOUTH CENTER IS NOT RESPONSIBLE FOR ANY PERSONAL PROPERTY.

**Equipment:** All Equipment used or borrowed by members must be returned. All free weights must be re-racked when finished. Do not drop or abuse weights.

**Food or Drink:** No food or drink is allowed anywhere in the facility except in designated areas.

**Compliance:** Strict compliance with the above code of conduct as specified on all signs posted within the premises is required at all times.

**Internet Use and Regulations:** Access to the Internet will enable members to explore thousands of libraries, databases, and bulletin boards throughout the world. Families should be warned that some material accessible via the Internet might contain items inaccurate or are inappropriate or potentially offensive to some people. The network is provided for members for **educational and resource purposes only**. Access to the network services is given to members who agree to act in a responsible manner. Access is a privilege—not a right. The Center is not responsible for restricting, monitoring, or controlling the communications of individuals using the network.

**Weight Room Use:** Use of the Weight Room is restricted to members that are at least 14 years old. Weight room use will only be granted if the member submitted a signed physician's approval form as well as a signed parental consent form.

**Release of Liability:** Accident/Injury: Member represents that he/she is in sound physical condition and expressly agrees that all exercises and use of all facilities shall be undertaken at his/her own risk and that the Center and its employees shall not be liable for any claims or demand arising out of his/her use of the facility or while on property.

Theft: Member further agrees that the Center shall not be liable for any loss, damage or theft of personal property occurring at the facility, parking areas or areas surrounding the property.

**Governing Law:** The laws of the State of Massachusetts shall govern this agreement.

**Agreement:** This legally binding agreement represents the complete understanding between the member and the Center. NO representations, written or oral, other than those contained within this agreement, are authorized or binding upon the Center.

**Invalidity:** If any provision of this agreement is invalid or inoperative under law, the remaining provisions of this agreement shall continue in full force and effect.

**No solicitation** of products, goods, supplements or any other items or services.

**Fee:** The individual joining fee is \$75.00 per year. Special arrangements can be made for families or individuals with limited resources.

**Refunds:** No refunds will be given at any time.

#### **The Center May Change Rules and Regulations Without Notice**

**Acknowledgement:** I have read, understand, and agree to the above membership policy, rules, and regulations. I accept the terms and conditions as set forth in this agreement. I understand that violations may result in termination of membership.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

The above named member is at least 14 years old and has permission to access and use the weight room at the Center. I acknowledge that the Center has no liability or responsibility associated with the member's use of the weight room.

\_\_\_\_\_  
Parent or Guardian Signature (if under 18)

\_\_\_\_\_  
Date

# ***The Joseph N. Hermann Youth Center***

## ***North Andover Youth Services***

### **Academic Room PC User Agreement**

Process for Orienting a New Personal Computer User

#### **Review Procedure for PC Use**

All new users must review and sign this sheet before using a PC. Each user must sign in before using a PC. User cannot leave PC unattended if signed in and must sign out when finished using the PC.

#### **Review Hardware Operations** (with monitor in Academic Room)

Printer options- which computers are hooked up to the printer, how to print

Scanner options- how to use

Identify the types of equipment and differences (Mac's vs. Dell)

How to boot up and shut down- no user name or password required

Set expectations for care and use of PC's

#### **Review Software Options** (on individual PC's)

Installed on PC- Windows Front Page, Netscape, Microsoft Office, Various software (games, educational, etc) available in disk in cabinets

Any personal work must be saved on a floppy provided by user

#### **Review Internet Access Procedures** (with monitor in Academic Room)

How to connect to the Internet using high-speed access

Restrictions of Internet access- penalty for misuse

Downloading copyrighted materials (including music) is NOT allowed

The use of search engines for referencing the World Wide Web

Never give out personal information or use anyone else's name

#### **Role of Room Monitor**

Provide assistance, answer questions and resolve issues

Oversee user's right to quiet atmosphere

Monitor the proper use of equipment

Orient user to available resources

Report any issues/problems

**I, \_\_\_\_\_ have reviewed this sheet. I fully understand these rules and procedures and agree to abide by these rules or risk loss of my membership at the Joseph N. Hermann Youth Center.**

\_\_\_\_\_(User's signature) \_\_\_\_\_(date)