



Chop's Teen Club Membership Form

_____ HIGH SCHOOL GRAD DATE

Annual Payment of \$60 3 Payments of \$20 Scholarship Needed Sponsor Another Member(s) _____

COVID-19 Vaccine Yes No

Member Information:
Información de miembro:

Member First Name/Primer Nombre _____ Member Last Name/Apellido _____

Address (include St., Ave., Dr., Apt. #. Etc.) _____ Direccion (incluya calle, paso, avenidan y numero de apartamento) _____

City/Ciudad _____ Zip Code/Codigo Postal _____

Member Home Phone/Telefono _____ Member Cell Phone/Telefono Celular de Miembro _____ Carrier/Carrier _____

Member E-Mail/Correo Electronico de Miembro _____ Agree to receive text messages? Yes No
 ¿Aceptas recibir mensajes de texto?

Gender (circle one): MALE FEMALE Genderqueer/Androgynous Intersex Transgender Transexual
 Genero (circulo uno) MASCULINO FEMININO Genderqueer / Andrógino Intersexual Transgénero Transexual

Birth Date/Fecha de Nacimiento _____ School/Escuela _____ Grade/Grado _____

1st Parent/Guardian Contact Info:

Información de contacto del 1er padre/tutor: Mother Father Guardian Other _____

First Name/Primer Nombre _____ Last Name/Apellido _____

Address (include St., Ave., Dr., Apt. #. Etc.) _____ Direccion (incluya calle, paso, avenidan y numero de apartamento) _____

City/Ciudad _____ Zip Code/Codigo Postal _____

Home Phone/Telefono _____ Cell Phone/Telefono Celular de Miembro _____ Carrier/Carrier _____

E-Mail/Correo Electronico _____ Agree to receive text messages? Yes No
 ¿Aceptas recibir mensajes de texto?

Employer/ Empleador _____ Occupation/ Ocupación _____

2nd Parent/Guardian Contact Info:

Información de contacto del 1er padre/tutor: Mother Father Guardian Other _____

First Name/Primer Nombre _____ Last Name/Apellido _____

Address (include St., Ave., Dr., Apt. #. Etc.) _____ Direccion (incluya calle, paso, avenidan y numero de apartamento) _____

City/Ciudad _____ Zip Code/Codigo Postal _____

Home Phone/Telefono _____ Cell Phone/Telefono Celular de Miembro _____ Carrier/Carrier _____

E-Mail/Correo Electronico _____ Agree to receive text messages? Yes No
 ¿Aceptas recibir mensajes de texto?

Employer/Empleador _____ Occupation/Ocupación _____



Emergency Contact/Contacto de emergencia

Relation to member: _____

Non Parent or Guardian Contact Info/Información de contacto para no padres o tutores

First Name/Primer Nombre _____

Last Name/Apellido _____

Home Phone/Telefono _____

Cell Phone/Telefono Celular de Miembro _____

Carrier/Carrier _____

Agree to receive text messages? Yes No

¿Aceptas recibir mensajes de texto?

List any member special needs/Enumerar cualquier necesidad especial:

- Medical Conditions/Condiciones médicas Allergies (excluding seasonal)/Alergias (excluyendo estacional)
- Behavior Concerns/Preocupaciones de comportamiento IEP Date/Fecha del IEP Disabilities/Discapacidades
- Has the member been arrested or convicted of a crime?/¿Ha sido arrestado o condenado por un crimen?

If you have checked any of these boxes, Please explain:

Si marcó alguno de estos cuadros, explique : _____

Custom Questions:**1. How did you hear about Chop's?/Cómo se enteró de Chop's?:**

- Friend/Amigo School/Colegio Radio Social Media/Medios de comunicación social Family/Familia
- Advertisements/Anuncios Community Event/Evento comunitario Other/ Otro: _____

2. Ethnicity (please check one)/ Etnicidad (por favor marque uno):

- African American/ Afroamericano Asian/ asiático Pacific Islander/Islas del Pacífico Hispanic/ Hispano
- Caucasian/ caucásico Native American/ Nativo Americano Multi-Racial/ Multirracial Other/ Otro: _____

3. What is the primary language spoken at home?/ ¿Cuál es el idioma principal que se habla en casa?

- English/ Inglés Spanish/ Español Other/ Otro: _____

4. Annual Family income/ Ingreso familiar anual:

- Less than/ Menos de \$30K \$30-50K \$51-99K \$100-150K \$150-200K Over/ Encima \$200K

5. Do you qualify for?/ ¿Calificas para ?:

Free and reduced lunch/ Almuerzo gratis y reducido? Yes No Cal Fresh? Yes No Medical/ ¿Médico?: Yes No

Sonoma Works? Yes No TANF? Yes No

6. Member lives with/ El miembro vive con?:

- Mother/Madre Father/Padre Both/Ambos Other Guardian (please list)/Otro guardián (por favor liste): _____

Of Brothers/ # De hermanos: _____ # of Sisters/ # de Hermanas: _____

of Children in household/# de niños en el hogar : _____ Total # in household/Total # en el hogar:: _____

7. What program areas are you interested in? (Choose all that apply)

- Art Culinary/Culinario Leadership/liderazgo Music/Música Sports/Deportes Tech Work Ready/Trabajar listo

8. What are some of your member's strengths? _____

Parent/Guardian Signature: _____ Date: _____



DeMeo Teen Club, Inc. (dba Chop's Teen Club)

(initial) **Non-Refundable Membership Fee.** I understand that membership fees are non-refundable.

(initial) **Recurring Credit Card Payment Authorization (only for membership fee payments).** I authorize regularly scheduled charges to my credit card. I understand that I will be charged the amount indicated on the receipt for each billing period. A receipt for each payment will be provided to me and the charge will appear on my credit card statement. I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from us at least 10 days prior to the payment being collected. I _____ authorize DeMeo Teen Club, Inc. to charge reoccurring payments to my provided credit card.

(initial) **Not Childcare. I ACKNOWLEDGE THAT CHOP'S TEEN CLUB PROVIDES RECREATIONAL SERVICES ONLY; IT DOES NOT PROVIDE CHILD CARE SERVICES and its programs and activities should not be used for such purposes.** I realize Chop's has an open door policy and that my child is free to come and go as he or she chooses. Parents or legal guardians who wish for their children to remain at Chop's must instruct their children to do so.

(initial) **Late Pick Up Fees.** Please be prompt with pick up times. Chop's closes at 7:00 p.m. Monday-Thursday and 8:00 p.m. on Friday and Saturday. Special event closures are listed on our website and activity guide. There is a \$5 late fee for every 15 minutes you are late in picking up your child.

(initial) **Regardless of Location.** I understand that Chop's may take participants off-site and that this waiver applies to all fieldtrips, excursions, and any and all other off-site activities, regardless of where the Chop's programs or activities take place and the location of the child.

(initial) **Representation of Legal Guardian.** I am the legal custodian and have guardianship rights with respect to the child on whose behalf this waiver is executed. I sign for said child under express authority.

(initial) **Medical consent.** If I or the child listed below should suffer injury or illness, I grant permission for Chop's to use its discretion to have the child listed below transported to a medical facility for medical care and treatment and I take full responsibility for this action. Further, I agree to be fully responsible for the cost of any such medical treatment.

(initial) **Photo's, Videos/ Recordings.** I acknowledge that from time to time photos, recordings, or videos may be taken of Chop's members engaged in Chop's-related activities and used in Chop's promotional matters (such as Chop's newsletters and Chop's web pages) and educational materials or submitted to local newspapers, publications and TV stations to promote Chop's, recognize members achievement, and raise money. By signing below, I consent to the use of images or recordings of the participating child listed below to be used for public relations, news articles, telecasts, education, marketing, research, inclusion on the chops website, fund raising, or any other purpose by Chop's. I release Chop's, their officers, directors, and employees, and each and all persons involved, from any liability in connection with the taking, recording, or publication of photographs, slides, computer images, videotapes, or sound recordings of the child listed below. Further, I waive all rights to any claims for payment or royalties in connection with any exhibition, televising, or other publication of these materials. I also waive any right to inspect or approve any photo, video, or film taken by Chop's, or the person or entity designated by it. Note: If you wish to rescind or amend this consent at any time, please contact Chop's. I intend that this waiver be as broad and inclusive as permitted by law and that, if any portion of this waiver should be deemed to be invalid, the remainder will continue in full legal force and effect. I also intend that this waiver will remain in full legal force and effect forever, regardless of whether or not my, or the participating child's membership has expired.

Date: _____

Signature of Parent or Legal Guardian

Name of Student /_____/_____
DOB

Relationship to Student

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the DeMeo Teen Club, Inc. for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site program affiliated with the DeMeo Teen Club, Inc., the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the DeMeo Teen Club, Inc. for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE DEMEO TEEN CLUB, INC. FOR ANY PUROPSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE DEMEO TEEN CLUB, INC., THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the DeMeo Teen Club, Inc., its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the DeMeo Teen Club, Inc.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the DeMeo Teen Club, Inc. premises or in any way observing or using any facilities or equipment of the DeMeo Teen Club, Inc. or participating in any program affiliated with the DeMeo Teen Club, Inc. whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the DeMeo Teen Club, Inc. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the DeMeo Teen Club, Inc.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

PHOTO RELEASE: I give to Community Foundation Sonoma County/DeMeo Teen Club, Inc. permission to use, publish and republish reproductions of my child's likeness (photographic or otherwise), and interview narratives with or without identification of me or my child by name, for purposes of communicating the work and purpose of Community Foundation Sonoma County and DeMeo Teen Club, Inc., e.g. annual report, brochures, electronic presentations, newsletters, etc.

I have read and agree to this release of reliability and photo release:

_____	_____
Parent/Guardian Signature	Date
_____	_____
Child's Name	Date

DeMeo Teen Club. Inc. (dba Chop's Teen Club)

ACUERDO DE LIBERACION Y RENUNCIA DE RESPONSABILIDAD E INDEMNIZACION

ACUERDO DE LIBERACION Y RENUNCIA DE RESPONSABILIDAD E INDEMNIZACION en consideración de ser permitido(a) para utilizar las instalaciones, servicios y programas de DeMeo Teen Club, Inc. para cualquier propósito incluyendo, pero no limitado a, observación o uso de instalaciones o equipos o participación en cualquier programa afiliado con DeMeo Teen Club, Inc., el abajo firmante, para él o ella y cualquier representante personal, herederos y familiares, por la presente reconoce, acepta y concluye que después de inspeccionar y considerar cuidadosamente tales premisas e instalaciones y equipos o programas afiliados los encuentra seguros y razonablemente apropiados para tal observación, uso o participación.

EN CONSIDERACION DE SER PERMITIDO(A) PARA ENTRAR AL DEMEO TEEN CLUB, INC. PARA CUALQUIER PROPOSITO, INCLUYENDO PERO NO LIMITADO A LA OBSERVACIÓN O EL USO DE INSTALACIONES O EQUIPOS O PARTICIPACIÓN EN CUALQUIER PROGRAMA AFILIADO CON DEMEO TEEN CLUB, INC, EL ABAJO FIRMANTE POR ESTE MEDIO SE COMPROMETE A LO SIGUIENTE:

- 1 EL ABAJO FIRMANTE POR LA PRESENTE SE LIBERA A RENUNCIAR, ABSOLVER Y CONVENIA NO DEMANDAR a DeMeo Teen Club, Inc., sus directores, oficiales, empleados y agentes (en los sucesivos "comunicados") de toda responsabilidad a los firmantes, sus representantes personales, cesionarios, herederos y familiares por cualquier pérdida o daño y cualquier reclamación o demanda por causa de lesiones a la persona o propiedad o dando por resultado la muerte de los abajo firmantes, si es causada por la negligencia de los comunicados o de otra manera mientras el abajo firmante está en, sobre o acerca de las premisas o cualquier facilidad o equipo. o participando en cualquier programa afiliado con DeMeo Teen Club, Inc.
2. EL ABAJO FIRMANTE POR LA PRESENTE SE COMPROMETE A INDEMNIZAR Y GUARDAR Y SOSTENER INOFENSIVOS los lanzamientos y cada uno de ellos de cualquier pérdida, responsabilidad, daño o costo que puedan incurrir debido a la presencia de los abajo firmantes en, sobre o cerca de la propiedad de DeMeo Teen Club, Inc. ya sea observando, en las instalaciones o con el equipo de DeMeo Teen Club, Inc. o participando en cualquier programa afiliado con el Club de adolescentes DeMeo. Inc, ya sean causados por la negligencia de los lanzamientos o de otro tipo.
3. EI ABAJO FIRMANTE ASUME RESPONSABILIDAD COMPLETA POR RIESGO DE LESIONES CORPORALES, MUERTE O DAÑOS a la propiedad debido a negligencia de lanza o de lo contrario mientras en, sobre o bajo las premisas de DeMeo Teen Club, Inc. y/o mientras que utilice las instalaciones o cualquier facilidad o equipo al respecto o participe en cualquier programa afiliado con DeMeo Teen Club, Inc.

EL ABAJO FIRMANTE además expresamente acuerda que la versión anterior, renuncia, y acuerdo de indemnización pretende ser tan amplio e inclusivo como lo permita la ley del Estado de California y que si cualquier parte del mismo fuera inválido, se acuerda que el saldo será, y continuará obstantemente en plena fuerza y efecto.

EL ABAJO FIRMANTE HA LEIDO Y VOLUNTARIAMENTE FIRMA EL ACUERDO DE LIBERACION Y LA RENUNCIA DE RESPONSABILIDAD E INDEMNIZACION, y conviene además que no se han hecho representaciones orales, declaraciones o inducción aparte de lo anteriormente acordado por escrito.

LIBERACION DE FOTO: Doy permiso a Community Foundation Sonoma County/DeMeo Teen Club, Inc., para utilizar, publicar y republicar reproducciones de la imagen (fotográfica o de otro tipo) de mi hijo y narrativas de la entrevista (con o sin identificación de mí o mi hijo por su nombre, para los propósitos de comunicar el trabajo y el propósito de Community Foundation Sonoma County y DeMeo Teen Club, Inc., por ejemplo, el informe anual, presentaciones electrónicas, boletines, folletos, etc..

He leído y estoy de acuerdo con esta versión de lanzamiento de fiabilidad y de la foto:

_____	_____
Firma del Padre/Tutor	Fecha
_____	_____
Nombre del Adolescente	Fecha



Code of Conduct

Chop's Member Agreement

As a club member I agree to be responsible for my choices and respectful to myself, those around me, my environment, Chop's Teen Club and the neighbors.

I will respect myself by:

- Acting with honor by telling the truth and role modeling respect. I understand that honor is doing the right thing when no one is looking.
- Striving to keep a positive attitude about events occurring around me.
- Choosing my words wisely; not swearing, hurting others or provoking conflict.
- Alerting a responsible adult about inappropriate behavior or touching by anyone. This includes members, staff, volunteers or anyone else.
- Not using or distributing tobacco, drugs, alcohol or weapons in or near Chop's.
- Participating at least twice yearly by voicing my opinions at a Chop's Member Meeting
- Being aware of my personal belongings and **keeping my valuables with me or in the lockers at all times. Chop's Teen Club is not responsible for personal items damaged or lost!**

I will respect others by:

- Respecting other people's personal space and boundaries.
- Avoiding and discouraging violence and harassment around me.
- Respecting other people's property, possessions and ideas.
- Treating others how I want to be treated and working out conflicts in non-violent ways.

I will respect my own environment by:

- Using garbage cans for trash and recycling my bottles and cans.
- Keeping the building free of vandalism and graffiti.
- **NOT CHEWING GUM IN THE BUILDING AND USING GARBAGE CANS.**
- Not loitering around the building and not trashing the neighborhood.

I understand that I am valued as a Chop's Teen Club member and while I am here, I will abide by the Chop's Code of Conduct. If I break these agreements I could lose my privilege to participate. I also understand that the Chop's Teen Club staff are required to report serious misconduct to my parents, my school or even the police.

Name _____ Signature _____

Today's Date _____

Circle your High School Graduation Year 2022 2023 2024 2025 2026 2027 2028



Parental Authorization for Disclosure of Educational Records

I hereby authorize the Santa Rosa City Schools to disclose Student's educational records to representatives of Chop's Teen Club for the purpose of sharing information necessary to assist in the administration and effectiveness of the programs provided to SRCS students by Chop's Teen Club.

I further authorize SRCS personnel, including but not limited to, teachers, counselors and school administrators to speak with representatives of Chop's Teen Club about Student, Student's educational program and progress and the contents of Student's educational records for the purpose of sharing information necessary to assist in the administration and effectiveness of the programs provided to SRCS students by Chop's Teen Club.

By signing this authorization, I understand that the District may share Student's educational records and may provide representatives of Chop's Teen Club with direct electronic access to Student's cumulative file in order to access records that are (1) directly related to Student; and (2) are maintained by SRCS or other parties acting on behalf of SRCS. I further understand that Student's educational records may include, but are not limited to, personally identifying information (including phone number and address), attendance records, transcripts, grade reports (report cards and progress reports), state and District standardized testing results, special education records and disciplinary records.

By signing this authorization, I acknowledge that I have been provided annual notification by the District of my and Student's rights pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. § 1232g, and that, should I require an additional copy of those rights, one can be obtained by contacting the Santa Rosa City School Director of Student Services

I understand that I may refuse consent to this authorization in whole or in part. This authorization shall be valid for as long as Student is a member of Chop's Teen Club. I understand that I may revoke this consent at any time by providing a revocation in writing to the Santa Rosa City Schools District Director of Student Services.

I authorize SRCS to share Student's educational records with and to provide electronic access to those records to representatives of Chop's Teen Club.

Date: _____

Signature of Parent or Legal Guardian

Name of Student

_____/_____/_____
DOB

Relationship to Student



Chop's Teen Club Authorization for Release

I hereby consent and authorize information relevant to Chop's Teen will be exchanged as related to the table below.

I, _____, authorize the exchange of information and/or photographs that may pertain to me with the following partnering agencies as indicated below.

Information Release Authorization	Program/Agency
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sonoma County Youth Program including <ul style="list-style-type: none"> • Boys & Girls Clubs • Catholic Charities • Community Action Partnership • City of Santa Rosa • Life Works • Restorative Resources • Social Advocates for Youth • Sonoma County Human Services Department • YMCA • YWCA • Other Sonoma County Departments & Districts, as needed
Yes <input type="checkbox"/> No <input type="checkbox"/>	Sonoma County Office of Education and local school districts for academic records
Yes <input type="checkbox"/> No <input type="checkbox"/>	Counselor: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychiatrist: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Worker or Case Manager: _____

I understand that the above named agencies or programs will not disclose information regarding my case without a valid release from me. I understand this release will expire when the program services, program follow-up, and program evaluation have been completed.

I understand that I am entitled to receive a copy of this signed authorization.

Participant Name: _____

Parent/Guardian Signature _____

Date: _____