City of Palo Alto
Teen Center

For More Information Contact
Jessica Lewis
Teen Recreation Coordinator
4000 Middlefield Rd
Palo Alto Ca 94303
650-329-2390
jessica.lewis@cityofpaloalto.org

August 23, 2011

Dear Parents and Participants

Welcome to 2011/2012 School Year! We are very exited to see both new and returning members of the Teen Center. As some of you may know, we have moved to the Cubberley community center due to the closure of Mitchell Park Community Center. The facility improvements to libraries and the Mitchell Park Community Center are now underway and the teen center will be housed at Cubberley for the next year.

For those of you who are not familiar with the "Drop" we would like to extend an invitation to visit, meet staff and take a tour of our facilities. The Teen Center is **FREE** and is open to all teens that live or go to school in Palo Alto. The Teen Center is supervised by trained City of Palo Alto recreation leaders. The "Drop" offers many recreation activities for teens including, ping pong, foosball, air hokey, Wii, dodge ball and soccer to name just a few. Students can also relax on comfortable furniture, listen to music, use our computers or complete their homework.

As a member of Teen Center you will also have the opportunity to go on day trips, attend movie nights, and participate in other special events. Once the membership packet is complete, participants will be given a photo I.D. membership card. Members will be required to scan their cards upon arrival and departure from the center. This membership system allows Teen Center staff to monitor student's use of the center, as well as allow quick and easy access to the emergency information of every participant.

Attached to this letter is the Teen Center contract which includes our code of conduct, polices and procedures, computer user agreement as well as an emergency form. Please take some time to look these over and return the emergency form and computer agreement to our office. This emergency form must be filled out for your student to become a member of the Teen Center.

The Recreation Staff at the Teen Center are excited about the upcoming school year and all the events that will take place at "The Drop". If you have any questions please do not hesitate to contact me or stop by the Teen Center.

Sincerely,

Jessica Lewis
Teen Recreation Coordinator
650-329-2390
Jessica.lewis@cityofpaloalto.org

THINGS TO KEEP IN MIND WHEN AT THE "DROP"

~We are open Monday-Friday 3-5:30pm and Wednesday from 2-5:30pm~

~The Teen Center is a safe environment for teens to visit~

~Remember to sign in and sign out!~

~Do not loose your membership card~

~The office telephone is available for your use~

~Please watch your language~

~You can be asked to leave the center at any time by Teen staff~

~Treat your peers, the community and our staff with respect~

~You are responsible for ALL of your personal possessions~

~Always remember to lock your bikes~

~Respect our facilities and pick up after yourselves~

~All of your guests must say "hello" and check in at the front desk~

The Recreation Supervisor and the Recreation Coordinator of the Teen Center can contact your parents or members of your school at any time.

Be yourselves

City of Palo Alto Teen Center Computer
User Agreement

City of Palo Alto Teen center has created a computer lab/homework center to create further educational and recreational opportunities for the youth of Palo Alto. The teen center is equipped with six computers, all with internet access. In order to use the computer every participant must read, understand and consent to the following conditions.

The Internet may contain information or material which may be offensive and/or unsuitable for minors and adults. Teen Center Staff will restrict and closely patrol all the information participants' access but cannot guarantee what information participants will be able to access on the Internet. Therefore, the undersigned agrees to release and hold harmless Teen center, the City of Palo Alto, its officers, trustees and employees from any and all claims, liabilities, demands, cause of action, costs, expenses or obligations of any kind arising out of or in any way relating to his or her child's use of or access to the Internet.

Any attempt to access an inappropriate web site or information will result in appropriate discipline, including but not limited to suspension or loss of computer use privileges, and parents will be contacted.

It is important to remember that the Internet is not a closed or private system, which means that outside individuals and or city staff can see what participants are doing on the computer. Therefore, it is advised not to do or write anything which you do not want other people to see or know about.

Teen Center Staff will make reasonable efforts to protect the electric files of every participant. However, files may be reviewed, collected, and/or used by Teen Center:

- As required by law
- As part of system maintenance activities
- When it is believed that the participant is using the system for improper or illegal activities
- With permission of the participant

It is expected that every participant will respect the equipment at Teen Center, if not, staff will ask the participant to leave the premises.

Use of printer is restricted. You may print 5 pages at a time and printing must be approved by computer Lab staff.

Your signature verifies that you have read and understand the **City of Palo Alto Teen Center Policies and Procedures.** By signing below you agree to the polices and procedures of Teen Center.

Today's Date _____

Student Signature _____ Print Name_____

Parent Signature _____ Print Name_____

City of Palo Alto - Community Services Department

Emergency Information

- **Completed emergency form needed for Teen Center participation**
- **Feel free to make photocopies**
- **Please complete by September 13, 2010**
- **Information will be kept confidential**

Thank you!!

Child's Name: _____

Last **First** **M.** **Date of birth**

Home address_____ City/Zip_____

Parent/Legal Guardian_____ Home Phone_____

Work# _____ Cell/Pager#_____

Parent/Legal Guardian_____ Home Phone_____

Work# _____ Cell/Pager#_____

ADULTS (OTHER THAN THOSE NAMED ABOVE) TO CALL IN CASE OF EMERGENCY:

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Name:_____ Phone:_____ Relationship:_____

Child's Medical Coverage_____

Child's Medical Identification Number_____

Is your child allergic to any medications? YES or NO (Circle one) If yes, please list_____
_____

Is your child taking any medications? YES or NO (Circle one) If yes, please list_____
_____

List any special needs or important information about your child's medical history/behavior:

_____

_____

_____

Authorization of Consent to Treatment of a Minor

Completion of this section enables parent(s) to authorize emergency treatment for their child.

I authorize staff of the City of Palo Alto to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at Stanford University Hospital or

at:_____.

It is understood that an effort will be made to notify ME (same person as signature below) OR the following person:

Name:_____

Phone:_____

If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

_____ _____

Signature of Parent or Legal Guardian Date

Photo Waiver

Authorization is hereby given to the City of Palo Alto and/or authorized affiliated entities**, to use photographs taken of me and/or my child(ren) in classes or camps offered by the City of Palo Alto. Photos may be used for publication including newsletters, press media, flyers, and brochures.

Signature of parent or legal guardian:_____

Print name: _____

Note whether or not photos may be posted on the City of Palo Alto's web site and/or those of authorized affiliated entities**

_____Yes _____ No

** (i.e. Friends of the Junior Museum & Zoo, Art Center Foundation., Friends of the Children's Theatre)

City of Palo Alto Waiver

I _____ give _____ permission to participate in any and all
Parent/Legal Guardian Student/Child

programs at Youth and Teen Center, including associated travel sponsored by the City of Palo Alto Community Service Department is given for the above child. In consideration of participation in this program I hereby indemnify and hold harmless and release the City of Palo Alto, its agents, its employees, and volunteers working for the City from any and all liability for injury suffered by my child arising from or connected with this program. I assume all risk for any injuries. I sign of my own free will.

Parent/Legal Guardian Signature _____ Date_____

Student Name _____ Grade _____