

CLEMENS CLUBHOUSE

PHILOMATH YOUTH ACTIVITIES CLUB 2023-24 CLUBHOUSE REGISTRATION FORM



P.O. Box 1358 · 421 S. 19th St.
(541) 929-4040 ph. · (541) 929-4281 fx.
Philomath, OR 97370

WHO CAN ATTEND?

4th – 8th grade students who live in the Philomath School District.

WHAT'S THERE TO DO?

PYAC is a clubhouse environment where youth can meet their friends, play pool, play air hockey, ping-pong, foosball, shoot hoops indoors, watch TV or movies, work on homework, use a computer, listen to music, do craft activities, or just hang out. Homework help can be offered as well. We also offer a free snack.

WHEN IS IT OPEN?

Monday – Friday, when school gets out until 6:00 p.m.

*The clubhouse is closed on non-school days.

*On early release Fridays & the last day of school, we will open when school gets out

HOW MUCH DOES IT COST?

The cost is \$40 per month, per child that attends three or more days. Attendance will be billed after the month, with statements being sent out by the 15th. For example, September attendance will be billed in October, with the statement being sent by October 15th.

RULES AND CONSEQUENCES AT CLEMENS CLUBHOUSE:

1. Follow directions given by the staff and volunteers in charge; this includes the high school volunteers.
2. There is absolutely no fighting or rough-housing. This means you must always keep your hands, feet and other objects off of other people. **Violence and bullying will not be tolerated.**
3. Wear appropriate clothing. Follow your school dress-codes. You may not wear clothing with alcohol or drug symbols, or profanity. No undergarments should show. No spaghetti straps will be allowed.
4. No alcohol, drugs, tobacco, vaping products, or weapons of any kind.
5. Keep all food and drink in the kitchen area at all times, or it will be thrown away.
6. Treat the clubhouse and others with respect. If you use equipment, you will be held responsible for cleaning up and putting it away.
7. Take turns with equipment; fifteen-minute time limit if others are waiting.
8. Profanity and language that is disrespectful to others will not be tolerated.
9. Each day after school the computer room is reserved until 4:30 for students who wish to work on homework.
10. Skateboards, bikes, and scooters are not allowed to be used on PYAC property. It is unsafe to use them in our parking area. Please lock bikes and scooters when you arrive. You can check skateboards in at the front desk, but you may not carry them around inside.

1st Rule Violation:

Will probably result in a verbal warning from the Clubhouse Coordinator, possibly a time out or loss of a privilege.

2nd Rule Violation:

The child may be asked to leave the clubhouse for the remainder of the day. The child will receive an “incident report” explaining the violation. The child, parent, and Clubhouse Coordinator will all sign this.

3rd Rule Violation:

Depending on the severity of the violation, the child may be suspended from the clubhouse for 30 days or more.

****All consequences are up to the discretion of the Clubhouse Coordinator. One or more steps may be bypassed, if it is felt necessary.**

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REGISTRATION FORM

All information must be completed for your child to be registered.



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Child's Name (first): _____ (last): _____

Age: _____ Birthdate: _____ Gender: ☐ Female ☐ Male

Main Phone: _____ School: _____ Grade: _____

Home Address: _____ City/Zip: _____

Ethnicity: ☐ American Indian/Alaska Native ☐ Hispanic/Latino ☐ African American
☐ Native Hawaiian ☐ Asian ☐ Caucasian ☐ Other (specify) _____

Parent/Guardian(s) Living in Household:

1. ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other _____

Last Name: _____ First: _____

Place of Employment: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____

2. ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian ☐ Other _____

Last Name: _____ First: _____

Place of Employment: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____

Parent Living Outside Household:

3. ☐ Mother ☐ Father

Last Name: _____ First: _____

Place of Employment: _____ Primary Phone: _____

Secondary Phone: _____ Email Address: _____

Emergency Contact Information:

Full Name: _____ Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

CHILD'S MEDICAL INFORMATION:

Does your child have any medical conditions or allergies? (ADHD, Autism, Disabilities, Delays, etc.)

List any medications your child takes daily (for authorized use in an emergency).

**If your child will need medications at Clemens Clubhouse, please submit a medication form with your child's registration form.*

Is there anything else about your child that you would like to share with us? This might include anything that would assist us in helping your child be successful at our program.

Is there a court order regarding your child that PYAC needs to be aware of? ☐ Yes ☐ No

If yes, please provide copies of relevant court orders when you submit your registration materials.

****PYAC will not be held responsible for lost or stolen items.**

We recommend that members do NOT bring personal items, electronics, etc. to the Clubhouse.

LIABILITY RELEASES:

I understand and assume on my child's behalf, all of the risks of participation in the PYAC program. I agree to waive, release, and forever discharge any claim for injury or damage for myself or my heirs, and to hold harmless the Philomath Youth Activities Club, agents, employees, sponsors, and board against any claim, loss, liability expense, including attorney's fees resulting directly or indirectly from participation in the program.

PICTURE RELEASE:

The Philomath Youth Activities Club may utilize photographs and/or video clips of participants, including but not limited to: newsletters, posters, social media, website, etc. By signing below, you consent to the possibility of your child's photograph being used for these purposes. You may opt out by checking the following box:

- ☐ I **do NOT** authorize the use of photographs and/or video clips taken of my child for publicity/promotion purposes.

GUARDIAN PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

In an emergency, PYAC has my permission to call an ambulance to transport my child to any available physician or hospital at my expense. And, in an emergency, PYAC has permission to obtain medical treatment for my child.

ACKNOWLEDGEMENT OF DROP IN SERVICES:

I understand that this is a drop-in club and that the staff are not responsible for my child if they leave the Clubhouse. Responsible staff will supervise my child while he/she is in the PYAC building. I understand that my child is free to come and go as they please. The Clubhouse will NOT function as a certified day care center. The Clemens playground is an unsupervised area. If my child chooses to go there, PYAC will not be responsible for their supervision. They are expected however, to follow basic PYAC rules while playing outdoors. I agree to have arrangements for my child to get home before the Clubhouse closes at 6:00 p.m.

Signature of Parent/Guardian: _____ **Date:** _____