



2023-2024 School Year West Side Teens Registration Packet

Dear Parent/Guardian,

We are honored and excited that your teen (we consider anyone currently in grade 7 up to age 19 as a “teen”) is interested in participating in West Side Teens at West Side Community Services! Teens who attend BPS, charter, and private schools are invited to join us. Each day that your teen arrives, they will have access to our fitness facilities, College/Job Readiness Lab, arts program, and other seasonal and exclusive programs centered around our core values of innovation, co-creation, empathy and belonging, inclusion, and impact.

West Side Teens starts Tuesday, October 10, 2023 and runs on Tuesdays, Wednesdays, and Thursdays from 5:30-8:30 p.m.

Your teen’s safety and our clear communication with everyone are both high priorities. As such, this registration packet must be completed before your teen can attend and participate at West Side Community Services each year.

Please carefully review, complete, and sign the following forms contained in this packet:

- | | |
|--|--|
| 1. West Side Teens registration | 6. Teen agreement |
| 2. Emergency medical consent | 7. Client characteristic form |
| 3. Health information | 8. Teen and Parent Handbook – sign the back page
(Please review and keep for future reference.) |
| 4. Teen release/pick-up
authorization | |
| 5. Waivers and other authorizations | |

When completed and signed, these forms can be submitted in the following ways:

1. Scan and email to mfrias@wscsbuffalo.org.
2. Mail to West Side Community Services, Attn: Youth Dept., 161 Vermont St., Buffalo, NY 14213.
3. Drop-off in person to West Side Community Services during our hours of operation (M-Th, 10 a.m.-5:30 p.m., Fri 10 a.m. - 2 p.m.).

If you ever have any questions—now, next week, or next year—please do not hesitate to call me. Also, if you’d like to take a tour of our center or schedule a time for us to meet to discuss anything that’s on your mind, I welcome the opportunity to do so! Thank you!

Marino Frias
Senior Manager of After-school Programs
mfrias@wscsbuffalo.org (716) 884-6616 ext. 104



TEEN REGISTRATION FORM

West Side Community Services requires that each teen who participates in activities and events is registered by a parent or guardian (unless 18 or over). The following information should be provided by the parent or guardian and then updated annually/as necessary. All information will be kept confidential. *Please print clearly!*

Teen's Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Age: _____

Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Other: _____

School Attending: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell Phone: _____

Parent(s)/Guardian(s) Information

(This section is required for teens under 18.)

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to participant: _____

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to participant: _____



EMERGENCY MEDICAL CONSENT FORM

I, _____, the parent/guardian of _____, recognize that medical emergencies may occur that require medical treatment, and further recognize that West Side Community Services Inc. personnel may potentially be unable to contact me for consent of emergency medical care. Therefore, I do hereby consent in advance to such emergency care including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

Name (Printed)

Phone

Signature of Parent/Guardian (if teen is under 18) OR signature of participant (if teen is 18+)

Date

Emergency Contacts (in addition to parent/guardian)

Name (Printed)

Phone

Name (Printed)

Phone

Family Physician: _____ Phone: _____

Preferred hospital: _____ Phone: _____



HEALTH INFORMATION FORM

Please answer the questions below and provide additional details in the space provided. Many needs or health challenges can be accommodated and may not limit enrollment in the program.

Does the applicant have any allergies? (Food, medication, etc.) ☐ No ☐ Yes, please describe:

Does the applicant have asthma? ☐ No ☐ Yes

Does the applicant have special health care needs? ☐ No ☐ Yes, please describe:

Does the applicant take medication for any condition or illness? ☐ No ☐ Yes, please describe:

Are there activities the applicant cannot participate in? ☐ No ☐ Yes, please describe:

Please provide any additional health information details: ☐ N/A

Please list any accommodation(s) you are requesting for yourself/the teen: ☐ N/A

Does your teen require an **EPIPEN**? (Please check one.)

- ☐ No
☐ Yes - stored on-site by WSCS
☐ Yes - carried by child daily

Does your teen require an **INHALER**? (Please check one.)

- ☐ No
☐ Yes - stored on-site by WSCS
☐ Yes - carried by child daily

Is your teen covered by family medical/hospital insurance? (Please check one.):

☐ No ☐ Yes

Insurance Company Name: _____

Policy Number: _____ Contact Information: _____



TEEN RELEASE AUTHORIZATION FORM

Teen's Name: _____

Date of Birth: ____/____/____ Home Phone: _____

I understand that my teen will not be permitted to leave West Side Community Services via any other method or with anyone other than the authorized person(s) that I have listed below. ***These individuals (including you!) must bring a valid photo ID in order for a West Side Community Services staff member to release your child to their care. Once a teen has signed out of the program for the night they will not be allowed back in on the same day.***

☐ My teen may leave on their own at any time without supervision.

☐ My teen must be picked up and signed out by any of the following people:

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Does your teen have any current orders of protection regarding their safety? (Please check one):

☐ NO, my child does not have any current orders of protection regarding their safety.

☐ YES, my child does have a related order of protection regarding their safety.

If YES - please provide copies of current orders of protection that relate to your child. These documents must include a clear photo, full name, and license/make/model of vehicle for anyone named in the order and all persons not allowed to be near your child.

☐ My teen MAY NOT be picked up nor signed out by any of the following people:

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

Name: _____ Relationship to teen: _____

-----Continue Teen Release / Pick-up Authorization Form----->

TEEN RELEASE AUTHORIZATION/ PICK-UP FORM (continued)

I authorize my teen to be released from West Side Community Services according to the information provided. Additionally, I have communicated with my teen the ways in which I permit my teen to leave the center. I understand that West Side Community Services assumes no responsibility for transportation to or from West Side Community Services' building, and that West Side Community Services is not responsible for my teen before they arrive at or after they sign out of program that night. Teens that sign out will not be readmitted to the center that day.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

TEEN CODE OF CONDUCT AGREEMENT

All teens that participate in West Side Community Services programs and activities, on- or off-site, are required to abide by the following code of conduct.

I, _____, agree to and will:

1. Be responsible for my own behavior.
2. Support and abide by West Side Community Services staff and volunteers and follow their directions.
3. Practice good citizenship, leadership, and have a positive attitude.
4. Be honest and trustworthy.
5. Show respect to others.
6. Use appropriate language.
7. Maintain acceptable noise levels inside WSCS.
8. Be free from the possession and consumption of drugs, alcohol, and/or tobacco (including vapes).
9. Leave all bikes and skateboards in their designated area.
10. Use the appropriate bathroom.
11. Keep my hands to myself and refrain from public displays of affection (PDA).
12. Respect the property of others and WSCS.
13. Clean up after myself and help staff pick up if necessary.
14. Report any problems or issues to the staff on duty.
15. Sign in with my correct name when I arrive and sign out when I leave.
16. Accept the consequences for inappropriate behavior (see handbook).

I have read, understand, and agree to follow these standards of behavior in order to make WSCS a safe, fun, and positive environment, for myself and for all of the teens at WSCS.

Teen Signature

Date

Parent/Guardian Signature

Date

Waivers & Other Authorizations

WSCS understands the importance of the involvement of parents/guardians in the life of their children. Please read carefully and indicate your decision followed by your initials for the consent you desire to give or not give. You and your teen must also sign the Waiver of Liability and Statement of Understanding on the next page.

Media Release: I give WSCS permission to use my teen's name and/or photo in the press/media when releasing information about the accomplishments and highlights of WSCS. I also give permission for pictures and/or videos that include my teen to be posted on WSCS social media accounts and/or website and/or used in print materials.

☐ Yes ☐ No Initials: _____

Viewing Agreement: I give permission for my teen to view PG/PG-13 movies and equivalent rated TV shows that are being shown at WSCS and that have been previously viewed by staff and are deemed appropriate for teens attending WSCS.

☐ Yes ☐ No Initials: _____

Gaming Agreement: I give permission for my teen to play and watch video games rated T for teens or below, and that are deemed appropriate by WSCS staff.

☐ Yes ☐ No Initials: _____

Search Agreement: In order to ensure the safety and wellbeing of all teens, instructors, staff, and volunteers within the program, I understand that my teen is subject to having their bags and person searched by WSCS staff or a contracted security guard. Failure to consent or submit to inspection will result in denial of entry.

☐ I have read this agreement and agree to search of bags and persons in order to attend West Side Teens programs.

Initials: _____

-----Waiver of Claims continued----->

COVID-19 RELEASE AND WAIVER OF CLAIMS ADDENDUM

The undersigned, in my capacity as parent, legal guardian, or teen, hereby acknowledges the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognizes that exposure to the COVID-19 virus, or other communicable diseases, could occur while in the care of West Side Community Services.

As such, and in consideration for teen programs to be provided by West Side Community Services, the undersigned, for myself and my minor children enrolled in the program fully assume all of the risks associated with participation in the program, including the possibility of COVID-19 (or the novel coronavirus) community spread.

I, AS PARENT AND/OR LEGAL GUARDIAN OR 18+ TEEN PARTICIPANT, HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY AND ALL LIABILITY, DAMAGES, AND EACH AND EVERY ACTION (COLLECTIVELY, "CLAIMS") BY PARTICIPATION IN AND/OR ASSOCIATED WITH THE PROGRAM INCLUDING, BUT NOT LIMITED TO EXPOSURE OR TRANSMISSION OF THE COVID-19 VIRUS.

I represent that I have full authority to sign on behalf of my child (if participant is under 18) and that my signature binds each other person having authority to make decisions on behalf of the child.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THE RELEASE AND AGREE THAT I AM VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING AND DISCHARGING WEST SIDE COMMUNITY SERVICES AND ITS DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM THE CLAIMS.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____

Teen's Signature (if 18 or older) _____

Date _____

Agency: _____
Activity: _____

CLIENT CHARACTERISTIC FORM - CDBG 49
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: **10/1/23**

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: _____ City: _____ Zip: _____

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="checkbox"/> Under 5 years	<input type="checkbox"/> 10-15 years	<input type="checkbox"/> 21-24 years	<input type="checkbox"/> 45-54 years	<input type="checkbox"/> 62 years and older
<input type="checkbox"/> 5-9 years	<input type="checkbox"/> 16-20 years	<input type="checkbox"/> 25-44 years	<input type="checkbox"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender.

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non-Hispanic
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4. Please check **one** from the below which best describes your (the participant) race.

<input type="checkbox"/> White	<input type="checkbox"/> Asian and Black or African American
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native and White
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native and Black or African American
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and White
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="checkbox"/> Black or African American and White	<input type="checkbox"/> Other/Multi Racial
<input type="checkbox"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="checkbox"/> \$19,500 or less	<input type="checkbox"/> \$22,300 or less	<input type="checkbox"/> \$25,100 or less	<input type="checkbox"/> \$27,850 or less
50% median (VL)	<input type="checkbox"/> \$32,500 or less	<input type="checkbox"/> \$37,150 or less	<input type="checkbox"/> \$41,800 or less	<input type="checkbox"/> \$46,400 or less
80% median (LI)	<input type="checkbox"/> \$52,000 or less	<input type="checkbox"/> \$59,400 or less	<input type="checkbox"/> \$66,850 or less	<input type="checkbox"/> 74,250 or less
81-100% median	<input type="checkbox"/> \$54,400 or more	<input type="checkbox"/> \$62,100 or more	<input type="checkbox"/> \$69,900 or more	<input type="checkbox"/> \$77,600 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="checkbox"/> \$30,100 or less	<input type="checkbox"/> \$32,350 or less	<input type="checkbox"/> \$34,550 or less	<input type="checkbox"/> \$36,800 or less
50% median (VL)	<input type="checkbox"/> \$50,150 or less	<input type="checkbox"/> \$53,850 or less	<input type="checkbox"/> \$57,500 or less	<input type="checkbox"/> \$61,250 or less
80% median (LI)	<input type="checkbox"/> \$80,200 or less	<input type="checkbox"/> \$86,150 or less	<input type="checkbox"/> \$92,100 or less	<input type="checkbox"/> \$98,050 or less
81-100% median	<input type="checkbox"/> \$83,900 or more	<input type="checkbox"/> \$90,100 or more	<input type="checkbox"/> \$96,300 or more	<input type="checkbox"/> \$102,500 or more

Certification (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: _____

Participant Name (if applicable): _____

Signature: _____

Date: _____