



Chop's Teen Club Membership Form

HIGH SCHOOL
GRAD DATE

Annual Payment of \$60 3 Payments of \$20 Monthly Payments of \$5 Scholarship Needed Sponsor Another Member(s) _____

*Payment plans require credit or debit card for purchase.

Member Information: Información de miembro:

Member First Name/Primer Nombre

Member Last Name/APELLIDO

Address (include St., Ave., Dr., Apt. #, Etc.)/ Dirección (incluya calle, paso, avenidas y número de apartamento)

City/Ciudad

Zip Code/Código Postal

Member Home Phone/Teléfono

Member Cell Phone/Teléfono Celular de Miembro

Carrier/Carrier

Member E-Mail/Correo Electrónico de Miembro

Agree to receive text messages? Yes No

¿Aceptas recibir mensajes de texto? Si No

Gender (circle one): MALE FEMALE
Genero (círculo uno): MASCULINO FEMININO

Genderqueer/Androgynous
Genderqueer/Andrógino

Intersex
Intersexual

Transgender
Transgénero

Transsexual
Transexual

Birth Date/Fecha de Nacimiento

School/Escuela

Grade/Grado

1st Parent/Guardian Contact Info:

Mother Father Guardian Other _____

Información de contacto del 1er padre/tutor:

Madre Padre Guardian Otros _____

First Name/Primer Nombre

Last Name/APELLIDO

Birthdate/Nacimiento

Address (include St., Ave., Dr., Apt. #, Etc.)/ Dirección (incluya calle, paso, avenidas y número de apartamento)

City/Ciudad

Zip Code/Código Postal

Home Phone/Teléfono

Cell Phone/Teléfono Celular de Miembro

Carrier/Carrier

E-Mail/Correo Electrónico

Agree to receive text messages? Yes No

¿Aceptas recibir mensajes de texto? Si No

Employer/Empleador

Occupation/Ocupación

2nd Parent/Guardian Contact Info:

Mother Father Guardian Other _____

Información de contacto del 2er padre/tutor:

Madre Padre Guardian Otros _____

First Name/Primer Nombre

Last Name/APELLIDO

Birthdate/Nacimiento

Address (include St., Ave., Dr., Apt. #, Etc.)/ Dirección (incluya calle, paso, avenidas y número de apartamento)

City/Ciudad

Zip Code/Código Postal

Home Phone/Teléfono

Cell Phone/Teléfono Celular de Miembro

Carrier/Carrier

E-Mail/Correo Electrónico

Agree to receive text messages? Yes No

¿Aceptas recibir mensajes de texto? Si No

Employer/Empleador

Occupation/Ocupación

S P M A B I D C

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 _____

Agree to receive text messages? Yes No

Home Phone/Teléfono _____

Cell Phone/Teléfono Celular de Miembro _____

Carrier/Carrier _____

¿Aceptas recibir mensajes de texto? Si No **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/Islands 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?/¿Cuáles son algunas de las fortalezas de su miembro? _____

Parent/Guardian Signature: _____

Date: _____

Firma del padre/guardian: _____

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 2017 2018 2019 2020 2021 2022 2023

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

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 DEMENTE 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 DEMENTE 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



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.

IN CASE OF AN EMERGENCY, I AUTHORIZE THAT MY SON/DAUGHTER BE TAKEN TO THE NEAREST MEDICAL CENTER FOR TREATMENT, IF I AM UNAVAILABLE.

Preferred Hospital: Kaiser # _____ Sutter # _____

Memorial # _____ Other # _____

Participant Name: _____

Parent/Guardian Signature _____

Date: _____