



**Anderson Teen Center | 2889 East Center Street | Anderson, CA 96007 | (530) 365 - 9021**  
**Redding Teen Center | 2981 Churn Creek Rd | Redding, CA 96002 | (530) 232 - 3610**



This form is good for both the Anderson and Redding Teen Centers  
 Teens must be between the ages of 13-17 (18 if still enrolled in high school)  
**Permission form must be filled out in blue or black ink. One form per teen.**

*This box is for staff use only. Please leave blank.* Date Received: \_\_\_\_\_ Checked By: \_\_\_\_\_

**Teen's Information:**

Legal Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Pronouns:  She/Her  He/Him  They/Them  Other: \_\_\_\_\_  
 How did you hear about the teen center? \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Can this number receive texts? \_\_\_\_\_ Instagram: \_\_\_\_\_

**Guardian Information:**

Parent/Guardian Full Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_  
 Does teen live with you? \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Can this number receive texts? \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contacts (Must be different than above):**

Emergency Contact Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Can this number receive texts? \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Does teen live with you? \_\_\_\_\_

Second Emergency Contact Name: \_\_\_\_\_ Relationship to Teen: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Can this number receive texts? \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Does teen live with you? \_\_\_\_\_

**Pick-Up Agreement**

I, the undersigned guardian of \_\_\_\_\_, agree to pick up my teen by close if they are not walking or biking home. Failure to pick up teen by the time the centers close on multiple occasions may result in teen being temporarily or permanently suspended from the teen centers, at staff discretion.

\_\_\_\_\_  
*Printed name of guardian*                      *Signature of guardian*                      *Date*

Does a guardian need to be present *in the building* for your teen to leave?  yes  no  
 If yes, please list the names of who your teen is allowed to leave with: \_\_\_\_\_  
 \_\_\_\_\_

**Medical Information:**

*If the following information is not applicable to your teen, please write none or N/A, do not leave blank.*

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Disabilities/Other Medical Issues: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Preferred Physician/Phone: \_\_\_\_\_ Preferred Hospital/Phone: \_\_\_\_\_

*The following demographic information is reported completely anonymously. We appreciate your providing the information below to help us provide the best programs possible at our teen centers.*

**Yearly Household Income:**

\$0 - \$15,900  \$15,901 - \$26,550  \$26,551 - \$31,860  \$31,861 - \$42,400  Over \$42,400  Decline to answer

**Teen lives with:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Both parents   | <input type="checkbox"/> Foster Care  |
| <input type="checkbox"/> Shared custody | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother Only    | <input type="checkbox"/> Group Home   |
| <input type="checkbox"/> Father Only    | <input type="checkbox"/> Other: _____ |

**Programs used:**

- |   |  |
|---|--|
| <input type="checkbox"/> TANF                 | <input type="checkbox"/> School Meal Program |
| <input type="checkbox"/> SDI/State Disability | <input type="checkbox"/> UIB/Unemployment    |
| <input type="checkbox"/> Cal-Fresh            | Insurance                                    |
| <input type="checkbox"/> HUD Housing          | <input type="checkbox"/> Cal-Works           |

**Race/Ethnicity (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian  |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Black            |
| <input type="checkbox"/> Alaskan Native  | <input type="checkbox"/> Native Hawaiian  |
| <input type="checkbox"/> Asian           | <input type="checkbox"/> Pacific Islander |
|  | <input type="checkbox"/> Other: _____     |

**Military Information:**

Is your family a military family?  yes  no

Is there an active-duty family member in your household?  yes  no

Is there a veteran in your family?  yes  no

Are there any restraining orders, or other court orders that we should be aware of?  yes  no

If yes, please list the necessary details and provide a copy of the court paperwork: \_\_\_\_\_

\_\_\_\_\_

**Release of Liability & Authorization to Consent to Emergency Treatment of a Minor**

I, the undersigned guardian of \_\_\_\_\_, a minor, understand that the Pathways to Hope for Children's Anderson & Redding Teen Centers, or any participating agencies or organizations do not provide medical insurance for any accident or injury that might result from participation in Anderson and/or Redding Teen Centers events, activities, or trips. I personally assume liability for any injuries that may occur to my child during this event, activity, or trip.

I do hereby authorize the Anderson & Redding Teen Centers or Staff/Event Supervisor, as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is rendered under the general or special supervision and upon the advice of any physician and surgeon licensed under the MEDICAL ACT, whether such diagnosis or treatment is rendered at the office of said physician or at any licensed medical facility. It is understood this authorization is given in advance of specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent in any medical emergency to all diagnosis, treatment, or hospital care which aforementioned physician in the exercise of best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until revoked in writing and delivered to said agents.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Guardian Agreements (Guardian must INITIAL next to each item):**

- \_\_\_\_\_ I understand the Anderson & Redding Teen Centers offer programs that deal with sensitive topics such as gender preference, sexual education, financial management, and issues around mental health, and adolescent development. For a complete list of programs currently provided at the Anderson & Redding Teen Centers please email [teen@hopeshasta.org](mailto:teen@hopeshasta.org) or call the centers.
- \_\_\_\_\_ I hereby give permission for my teen to participate in video games that have an ESRB rating of T (for Teen) and/or films that have a MPAA rating of PG-13. No rated M video games or R-rated films will be played or shown.
- \_\_\_\_\_ I hereby give permission for my teen to participate in the general activities of the Anderson & Redding Teen Centers. I understand if there is an activity I do not want my teen to participate in, it is my responsibility to notify the Teen Center that I would like my child opted out.
- \_\_\_\_\_ I understand that information about my teen's attendance and participation will be shared anonymously with our partner agencies, including, but not limited to Shasta County Office of Education, Shasta County Probation, and Shasta County HHSA.
- \_\_\_\_\_ I understand the Anderson & Redding Teen Centers are not responsible for the time or manner in which my teen arrives to or leaves the Teen Center.
- \_\_\_\_\_ I understand the Teen Center and its properties are not responsible for personal injury or loss of personal property. Personal items are brought to the Teen Center at the youth's own risk.
- \_\_\_\_\_ In an emergency, I authorize the Teen Center staff to seek medical attention and transportation for my child if deemed necessary.

**Guardian Permission for Special Events, Field Trips, & Activities**

I, the undersigned guardian of \_\_\_\_\_, a minor, give permission for my teen to attend and participate in special events, field trips, and activities at Pathways to Hope for Children's Anderson & Redding Teen Centers. This may include offsite field trips in which youth will be driven by Teen Center staff and/or approved contracted drivers. My signature signifies that I am the parent or legal guardian of the above-named child, and that I give permission for my child to participate in special events, field trips and activities, including offsite field trips. My child has permission to be transported by Teen Center staff to and from approved events, field trips and activities. Notification of all anticipated offsite field trips will be communicated in advance via email or letter to the contact information provided in this form. Additional permission forms will be sent in advance for all offsite trips.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

### Photo, Video, & Social Media Consent & Release

I, the undersigned, do hereby give my permission to Pathways to Hope for Children, the Anderson & Redding Teen Centers, its partners, co-sponsors, and grantors to use the name, face and likeness of my minor child or myself, who has my permission to participate in events, in print, display, advertising, video, social media (including Facebook, Instagram, and other social media platforms), and/or television. I hereby voluntarily and knowingly waive any claim of mine or my child's privacy that the reproduction or broadcast likeness or voice may entail.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

I understand that neither my child nor I will receive compensation for the use of our likeness in any form. I hereby agree that there have been no representations made to me that the reproduction or broadcast of my child's likeness or voice in any form shall be limited in time, length, or geographic location. This consent is voluntary, informed, and executed with full and complete knowledge of its content. I further attest that I am legally able to execute this agreement. I understand that by voluntarily signing this document, I have the right to revoke my consent at any point by contacting the teen centers staff in writing.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Please check this box if you do not give consent for photos of your teen to be taken.**

### Security Camera Acknowledgement

I understand that security cameras have been installed inside the Teen Centers as an added safety measure and security precaution. Security cameras are set to record all after-hour activity as detected by motion. Although no ongoing video or audio recording/surveillance will take place during open, operating hours, Pathways to Hope for Children and the Anderson and Redding Teen Centers reserve the right to record as deemed necessary.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

### Computer/Internet Permission

The internet may contain harmful matter. Although we exercise reasonable supervision over those who access the internet within our system and we use due diligence in educating students and employees regarding acceptable and unacceptable practice, it is still possible that internet users may intentionally or unintentionally access information which may be inappropriate. Our terms of acceptable use of the internet and our computers are as follows:

- Use of the system is a privilege, which may be terminated if the user abuses the system. Abuse would include, but is not limited to, the placing of unlawful information on or through the system; the use or retrieval of information (messages, text, images, and programs) which is obscene, abusive, pornographic, or otherwise objectionable; and use of the system as a commercial operation.
- The Anderson & Redding Teen Centers or its designated staff will be the sole determiner of what constitutes use or retrieval of information (messages, text, images, and programs) and whether it is obscene, abusive, or otherwise objectionable.
- The Anderson & Redding Teen Center's designated staff reserves the right to access any material stored in its equipment on behalf of the user and reserves the right to remove any material.
- Teens understand that no passwords or setting are allowed to be changed.
- Teen center staff is unable to accept specific requests regarding what your teen is allowed to use on the computers, such as not allowing your teen on social media. If there are certain websites you do not want your teen accessing, that do not already fall into the above guidelines, please instead opt to not allow your teen to use the computers as this is the only way this can be enforced.

The Anderson & Redding Teen Centers may terminate the computer privilege of any user for abuse of this privilege. By signing below, I state that I understand the Acceptable Use Standards above and give permission for my child to use the Internet connected computers at the Teen Center.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Please check this box if your teen does not have permission to use computers at the Teen Centers.**

## Anderson & Redding Teen Center Guidelines

I have read and agree to the following guidelines:

- Treat everyone with kindness.
- Slurs of any kind are not allowed.
- Respect the building and everyone in it.
- Public displays of affection are not allowed at the teen center.
- Hands must be kept to oneself while at the teen center.
- Once you have signed into the teen center, you cannot leave without signing out. Once you have signed out, you cannot return to the teen centers for the day.
- Clean up after yourself.
- Take good care of the equipment, computers, kitchen items, etc.
- Bring personal items at your own risk. Staff is not responsible for broken or lost items.
- Speak up for yourself – the staff is here to help.
- Clothing worn at the Teen Centers cannot have reference to drugs or other illegal activities and must contain appropriate words and phrases.
- Any music, printed material, video games, movies, or other media brought to or interacted with at the teen centers must be appropriate. Video games must be rated T or lower, movies PG-13 or lower, and television shows must be TV-14 or lower.
- Participate in activities and share your ideas.
- The teen center is a tobacco, vape, alcohol, drug, and weapon free environment.

Although we don't foresee any problems, if guidelines are not followed, potential repercussions may involve temporary or permanent suspension from the teen centers, at staff discretion.

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*Printed name of teen*

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*Signature of teen*

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*Date*

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*Printed name of guardian*

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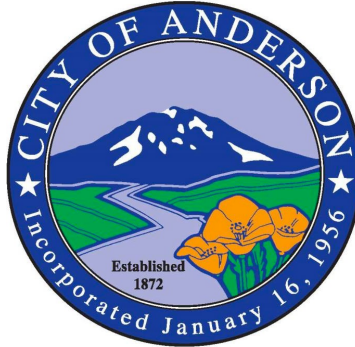
*Signature of guardian*

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*Date*

***The following form pertains to an activity at the Anderson Teen Center.***

Teens will be given the opportunity to participate in local community service as the Anderson Teen Center has adopted the adjacent Veterans Walk of Honor and immediately surrounding area of our community. Service activity will include litter pick-up and light maintenance of the area.



**Volunteer, Intern, or R.O.P. Personnel Release of Liability**

Date: \_\_\_\_\_

Teen Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

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**RELEASE OF LIABILITY**

I (or my child) the undersigned do hereby certify that I understand that the City of Anderson does not provide medical insurance for any accident(s) or injury(ies) that might occur while participating as a volunteer, Intern, or R.O.P. worker for the City of Anderson. I personally assume liability for any injury that may occur to myself (or my child) while participating as a volunteer, intern, or R.O.P. worker for the City of Anderson.

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Printed Name of Volunteer (Teen)

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Signature of Volunteer (Guardian/Parent if under 18 years of age)