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EXTREME TWEEN CLUB
APPLICATION
(To be completed by parent or guardian)

Student's Name: _____ Age: _____

Student's School: _____ Grade: _____

Is your child on Safety Patrol and will arrive to the Club late? _____

Optional: Do you have a church family? If so, where?

In which subjects or areas does your child excel?

In which subjects or areas does student struggle? (example: Math, Reading
Comprehension, Organization)

Special skills/subjects/focuses that you would like your child to work on this year at
Extreme Tween Club: (i.e. self esteem, reading)

Parent signature: _____

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EXTREME TWEEN CLUB
APPLICATION

To Be Completed By The Student

My hobbies/interests are:

Activities I like to do are:

My easy subjects in school are

My difficult subjects in school are:

I would like help with these subjects:

Why are you coming to Extreme Tween Club?

Please read and sign the back of this page.

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**EXTREME TWEEN CLUB
STUDENT CONTRACT**

STUDENT GUIDELINES:

As a student in the Extreme Tween Club, I agree to the following guidelines:

1. Come prepared - I will bring my homework calendar/sheet, homework, books, and supplies needed to complete my homework, and a book for reading.
2. Be ready to work - When the director says it's time, I will set up my work space and get out my homework immediately, showing my tutor that I am ready to work. I will complete my homework to the best of my ability in the time allowed, and ask the volunteers and tutors for help if I need it. If I do not have homework or finish early, I will write, read, or do a learning activity for the remainder of the time.
3. Show respect to everyone and everything. This includes volunteers, directors, fellow program participants, and the church and materials provided to me. No talking when other people are talking.
4. Stay within the Family of God Lutheran Church property boundaries, AND with an adult volunteer.
5. Woodlands Students will go directly to the flagpole after the bell to walk up to the church with a club volunteer. Cottonwood students will go to the office and wait for a club volunteer to pick them up.
6. Clean up after myself.
7. Follow all directions as given.

DISCIPLINE PROCEDURES

I understand the following discipline procedures will be used:

Step 1 - Verbal warning

Step 2 - Sitting out and parent notification

Step 3 - Continual behavior problems may be cause for permanent suspension from the Extreme Tween Club.

Parent Signature

Date

Parent Signature

Date

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EXTREME TWEEN CLUB

MEDICAL INFORMATION, AUTHORIZATIONS, AND LIABILITY RELEASE

Parent/Guardian Authorizations and Liability Release: As a parent or guardian of the above minor child who is requesting to voluntarily participate in the Extreme Tween Club sponsored by Family of God Lutheran Church, I hereby acknowledge that I have read, understand, and agree to the following:

1. I acknowledge that participation in his program may entail unanticipated risks, and while I expect program staff to exercise reasonable caution in running this program, I hereby release Family of God Lutheran Church from any liability or damage incurred.
2. I certify that my child has no medical or physical conditions that could interfere with his/her safety in this program or activities, or I have listed those conditions and restrictions below.
3. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named child. I understand every effort will be made to contact me to explain the nature of the program prior to any involved treatment.
4. In the event it becomes necessary for the program staff in charge to obtain emergency care of my child, neither he/she or Family of God Lutheran church shall assume financial liability for expenses incurred because of the accident, injury, illness, and/or unforeseen circumstances.
5. Permission is hereby granted to use photos of, quotes from, and likenesses of myself or my minor child in print or electronic media such as, but not limited to, brochures, media ads, web pages, and other as deemed useful by the program for marketing purposes by and for the Extreme Tween Club of Family of God Lutheran Church. Any claim or right is hereby waived to any royalty or fees that might be applicable for the use of such images, quotes, or likenesses.

Describe allergies, medical, or physical conditions which would affect snack choices or participation in activities:

Significant Illnesses: _____

Special Needs: _____

_____ Insurance

_____ Policy number

Physician of 1st choice: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Alternate Person(s) to be notified in case of emergency:

Name: _____ Home phone: _____ Work Phone: _____

_____ Name of parent/guardian (please print)

_____ Signature of parent/guardian and date