

# The Old Firehouse Teen Center – Important Information



## Refund Policy

The Old Firehouse Teen Center's (OFTC) refund policy is in accordance with the McLean Community Center's refund policy. For information **see registration instructions**.

If the OFTC cancels a program, we will automatically send a refund to the registered party. All other refunds require a written request. Refund request forms are available at the Center's reception desk or online at [www.mcleancenter.org](http://www.mcleancenter.org).

## Field Trip Policies

All field trips will be supervised by youth department staff and volunteers. These trips will be taken using Fairfax County school buses, chartered buses, Community Center vans or Center - authorized vehicles.

Please note that most of our field trips require a fair amount of walking. Participants should be fit and able to handle the activities listed as included in the trip. Participants requiring extraordinary assistance must be accompanied by someone who can and will be totally responsible for providing all required assistance. The McLean Community Center retains the right to decline to accept or retain any person as a member of a trip when such action is deemed to be in the best interests of the health, safety or general welfare of the group or of the individual concerned.

For more information, contact the Center at **703-448-8336** or TTY 703-827-8255 or visit our Web site at [www.mcleancenter.org](http://www.mcleancenter.org)

**The OFTC reserves the right to photograph and videotape all the activities associated with the OFTC for promotional purposes.**

## ADA Accommodations



### Important Information for Individuals with Disabilities

The McLean Community Center, an agency of Fairfax County, is committed to providing accommodations to all programs, services, and activities in accordance with Title II of the Americans with Disabilities Act (ADA). To help ensure a successful experience, please read the following information prior to registration and participation.

## Requirements for participating in Old Firehouse Teen Center programs

### General Eligibility:

Youth are expected to abide by the appropriate Code of Conduct (see below) while enrolled.

### Code of Conduct

All participants must meet the OFTC Code of Conduct. Generally speaking, and unless otherwise stated, youth must be able to demonstrate the following with minimal direction:

- **Must be able to maintain personal care without support of staff or volunteers**
- **Must stay with his or her assigned group**
- **Must respect others (listening and following directions, using appropriate language, keeping hands and feet to self)**
- **Must maintain self control (anger management)**
- **Must meet the prerequisite skills for the class or program (if required for participation)**

The program director/ADA specialist reserves the right, on behalf of the McLean Community Center, to terminate a youth's participation in the program if the youth cannot follow the rules of conduct. Every effort will be made to provide appropriate accommodations.

For additional information, please contact:

**Sharon Harrison**, Youth Director  
McLean Community Center  
703-448-8336/TTY: 703-827-8255  
[sharon.harrison@fairfaxcounty.gov](mailto:sharon.harrison@fairfaxcounty.gov)



# The Old Firehouse Teen Center Youth Information Form

(Please Print)

Youth's Name \_\_\_\_\_  
Last First

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone No. \_\_\_\_\_ Parent E-mail \_\_\_\_\_  
(Where emergency information can be sent)

Grade (Fall of 2007) \_\_\_\_\_ School (Fall of 2007) \_\_\_\_\_

## Youth's Parent/Guardian Information

Person(s) authorized to pick up child \_\_\_\_\_ Phone No. \_\_\_\_\_

Person (s) not authorized to pick up child \_\_\_\_\_  
(Appropriate paperwork must be attached if a parent is not allowed to pick up a child)

Father/Guardian \_\_\_\_\_ Phone Nos. \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone Nos. \_\_\_\_\_

Emergency Information—State licensing requires TWO emergency contacts with two different contact numbers in the event a parent/guardian cannot be reached. Please do not include international numbers. Addresses are required.

1. Emergency Contact Name/Relation to Youth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

2. Emergency Contact Name/Relation to Youth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

## Medical/Insurance Information

Pediatrician/Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone No. \_\_\_\_\_

Family Health Insurance Carrier or Plan Name \_\_\_\_\_

Group No. \_\_\_\_\_ ID No. \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

**Psychological/Behavioral Challenges.** (Please be candid and include your recommendations on how our staff can best assist your child.) Please use additional paper, if necessary. If you prefer, E-mail [sharon.harrison@fairfaxcounty.gov](mailto:sharon.harrison@fairfaxcounty.gov)

Special Diet/Allergies to Food \_\_\_\_\_ Other allergies \_\_\_\_\_

Routine Medicines (Please list whether given at facility or at home) \_\_\_\_\_

Other \_\_\_\_\_

# The Old Firehouse Teen Center Youth Authorization Form

## OFTC Parent/Guardian Permission and Authorization

I, the undersigned adult, am the parent or legal guardian of

\_\_\_\_\_ (hereinafter referred to as "My Child")

### Permission to Participate in OFTC Programs

I give permission for My Child to participate in activities and programs of the Old Firehouse Teen Center (OFTC). I understand and agree that My Child may be transported in a McLean Community Center van or other authorized vehicle, a rented van or a Fairfax County school bus.

I understand that My Child's participation in youth activities, including field trips, is conditional upon the willingness of My Child to abide by rules of conduct established by the OFTC, the McLean Community Center and/or Fairfax County Public School. I agree that the participation of My Child in any youth activities, including field trips, may be terminated for failure to behave and act in accordance with such rules of conduct, for failure to follow the instructions and directions of youth personnel, including but not limited to persons supervising or chaperoning field trips, or for any acts deemed to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the programs generally. **I agree that if My Child's participation is so terminated, no refund of any fees paid for his/her participation shall be due.**

I understand the nature of youth activities and the risks involved. I agree to indemnify, protect and hold harmless the OFTC, Fairfax County Public Schools and the McLean Community Center, and the board members, officers, employees and agents of these entities, and all private persons and organizations volunteering services without charge to supervise or chaperone youth participants, and the County of Fairfax and its Board of Supervisors, officers, employees, agents and volunteers, from any and all claim or liability whatsoever, including but not limited to personal injury, property damage, court costs, attorney's fees, and interest, however caused, as a result of the participation of My Child in any youth activities, including field trips.

## Policy Regarding Illness

I understand that My Child cannot participate in youth activities if he/she is sick, and I agree that I will not send My Child to any program if he/she shows any sign of illness. I understand further that My Child **must be symptom and fever-free for at least 24 hours before returning to the program.** I understand further that My Child may not remain at the program on any day when he/she appears to have a temperature over 100 degrees or is vomiting or experiencing diarrhea.

I understand that if My Child arrives ill, or becomes ill or injured while participating in OFTC youth activities, then except as provided below, youth staff will make a reasonable effort to contact me or the alternative contact person I have designated above (my "Alternative Contact"), by telephone at the number or numbers I have provided. I agree that my alternative contact person or I will arrange to have My Child picked up **within one hour** of any such call.

### Authorization for Medical Treatment

I understand that in case of a medical emergency concerning My Child, if the effort described above to reach me or my Alternative Contact as described above is unsuccessful, or if it is reasonably determined that there is insufficient time under the circumstances to attempt such contact, or if I am otherwise unable to give consent for any necessary emergency treatment of My Child as recommended by competent medical authority, I authorize the youth staff of the OFTC or the McLean Community Center to consent to such treatment for My Child, including medical or surgical examination, diagnosis and treatment, anesthesia, and hospital care.

### Signature

I have read, understand and agree to the permissions, policies outlined in the Parent Handbook, refund policies, conditions, liability and medical releases, code of conduct, late fees and other matters set forth on the registration/information form.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

### FOR OFFICE USE ONLY

Notes