



# PARTICIPANT CONTRACT

---

## Requirements for Participating in Old Firehouse programs

### General Eligibility

Youth in grades 5 - 9 are eligible to become Members and participate in all Old Firehouse programs. A subset of these programs, such as Dances, Camps and Break Trips, are available to Non-member youth in 5 - 9 grade without a membership.

### Code of Conduct

All participants must abide by the Old Firehouse Code of Conduct whether in the center or on trips.

- **Must listen to and follow directions.**
- **Must show respect for others.**
- **Must use appropriate language and must keep hands and feet to self.**
- **Must maintain self-control and manage anger.**
- **Must not be under the influence of or in possession of illegal substances, alcohol or tobacco**
- **Shall not be in possession of a weapon of any type.**
- **Must use computers and personal electronic devices appropriately.**
- **Must adhere to FCPS dress code.**
- **Must maintain personal care without support of staff or volunteers.**
- **Must stay with his or her assigned group.**

The Program Director reserves the right, on behalf of the McLean Community Center (MCC) and Old Firehouse, to impose disciplinary sanctions, including loss of privileges, suspension and permanent termination of membership if the actions of youths violate the Code of Conduct.



### ADA Accommodations



The McLean Community Center, which includes the Old Firehouse, is an agency of Fairfax County, and as such is committed to a policy of nondiscrimination on the basis of disability in all programs, services, and activities. To request accommodations, please call the Old Firehouse in advance of the event you wish to attend. Every effort will be made to provide reasonable accommodations upon request. To help ensure a successful experience, please read this entire document prior to registration and participation.

### Field Trip Policies

All field trips will be supervised by Old Firehouse staff. Please note that most of our field trips require a fair amount of walking. Participants should be able to handle the activities included in the trip. The MCC and Old Firehouse retain 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.

### Photo Release

The MCC and Old Firehouse reserve the right to photograph and videotape all the activities associated with the Old Firehouse and use them for promotional purposes.

### Pick-up Policy

Parents shall call the Old Firehouse at 703-448-8336 (TEEN) if they know they will be late picking up their teen from any program. Repeated late pick-ups will result in dismissal from Old Firehouse program(s.) If staff are unable to contact parents within 30 minutes following the end of a program, Fairfax County Non-emergency police will be called to pick up the child. Staff will leave one final message stating the officer's name and station to which the participant will be transported to await pick-up.

### Refund Policy

All refund requests must be submitted in writing to [refunds@mcleancenter.org](mailto:refunds@mcleancenter.org). Refunds will be made according to the type of payment received. If the fee is paid by check, a refund check will be issued by Fairfax County within four (4) to six (6) weeks of the date on which the request is received. Fees paid by credit card will be refunded back to the card that was used for the original transaction, usually within three (3) to five (5) days from when the transaction is processed. Participants may also choose to have their fees returned as a credit on their account in our registration system. Refund submission timelines can be found at [www.mcleancenter.org/refund-policy](http://www.mcleancenter.org/refund-policy).

### Dance Disclaimer

Old Firehouse dances have music and volume levels suitable to the purpose prescribed by the nature of the program. Precautionary measures such as decibel readers, designated quiet locations, and ear plugs have been put in place to mitigate prolonged exposure. However, there are factors outside of our control, such as screaming children, which can lead to potentially damaging decibel levels. Old Firehouse staff and administration HIGHLY recommend that parents encourage their children to wear the provided earplugs while attending these programs to protect their hearing.

# Permission and Authorization to Participate in Old Firehouse Programs

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

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

I give permission for My Child to participate in activities and programs of the Old Firehouse. I understand and agree that My Child may walk or be transported using Fairfax County school buses, chartered buses/vans, Metro, Community Center vans or other MCC-authorized vehicles.

I understand that My Child's participation in youth activities, including field trips, is conditional upon the willingness of My Child to abide by the Code of Conduct established by the Old Firehouse. 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 the Code of Conduct, for failure to follow the instructions and directions of Youth Department 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/we understand some activities and programs of the Old Firehouse involve higher degrees of risk. Some of these involve elements that pertain to water and heights. These include, but are not limited to, swimming, kayaking, rafting, water parks, horseback riding, rock climbing, ropes courses, and contact with large animals. I acknowledge and fully understand that My Child will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result from their own actions, inactions or negligence, and the actions, inactions, or negligence of others, or the conditions of the premises or of any equipment used. I/we assume all the foregoing risks and accept personal responsibility for the damages and medical expenses following any such injury, permanent disability or death. I/we will be responsible for such injuries and/or property damage as described above and agrees to hold harmless the County of Fairfax, McLean Community Center, its officers, employees, volunteers and/or agents for such losses which might result from their participation in these activities.

### Policy Regarding Illness

I understand that My Child cannot participate in youth activities if he is sick, and I agree that I will not send My Child to any program if he 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 a program. I understand that My Child may not remain at a program on any day when he appears to have a temperature over 100 degrees, is vomiting or experiencing diarrhea.

I understand that if My Child arrives ill, or becomes ill or injured while participating in Old Firehouse youth activities, then except as provided below, staff will make a reasonable effort to contact me or the emergency contacts I have designated on the Participant Form, at the telephone numbers I have provided. I agree that my emergency contact person or I will pick up My Child 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 Emergency 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 staff of the Old Firehouse 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.

### Personal Property

Participants are discouraged from bringing anything of value to the Old Firehouse and its programs including, but not limited to, phones, cameras, laptop computers, gaming devices and tablets. The Old Firehouse takes no responsibility for any loss or damage.

### Signature

I have read, understand and agree to the policies, conditions, permissions, liability and medical releases and other matters as set forth in the Participant Form.

**Participant Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

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

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

## Participant Information

PLEASE PRINT

Name of Participant (Last / First) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Fall '24 \_\_\_\_\_ Fall '24 \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender MF Home Ph. \_\_\_\_\_ Participant Cell Ph \_\_\_\_\_

Address \_\_\_\_\_ Participant Email \_\_\_\_\_  
Street City State Zip PLEASE PRINT CLEARLY

## Parent/Guardian Information

Parent/Guardian \_\_\_\_\_ Parent's Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Parent's Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Emergency Contact Information

**At least 2 local adults with 1 accessible phone number who are not listed above is required.**

1. Emergency Contact (name & relation) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Emergency Contact (name & relation) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Health Information (provide action plan if documenting)

Special Diet/Allergies \_\_\_\_\_

Routine Medications \_\_\_\_\_

## Psychological/Behavioral Information

Please be candid and include your recommendations about how our staff can best assist your child. Use additional paper if needed. If you prefer, call the Old Firehouse or Camp Director at 703-448-8336.

---

---

---

---

---

---

---

---

## PERMISSION TO LEAVE PREMISES

I give permission for My Child, \_\_\_\_\_, to leave the Old Firehouse facility during Old Firehouse programs to go to the following places I've initialed below. **Leaving is not permitted during Friday Night Activities or any trip returning after 6pm.**

*Please initial:*

\_\_\_\_\_ 7-Eleven/Starbucks

\_\_\_\_\_ No permission granted

## PERMISSION TO WALK HOME: From After School Program & Camp Programs Only Does not apply to Friday Night Activities or Trips

Once a participant leaves, s/he is not permitted to return the same day unless prior arrangements are made between legal guardian(s) and Old Firehouse Staff.

My Child has my permission to walk home:

*Please Initial:*

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**For additional information, visit our website:**

[www.mcleancenter.org/kids-teens/old-firehouse.asp](http://www.mcleancenter.org/kids-teens/old-firehouse.asp)

**Or contact us:**

[oldfirehouse@mcleancenter.org](mailto:oldfirehouse@mcleancenter.org)

**Old Firehouse, 1440 Chain Bridge Road, McLean, VA 22101  
703-448-8336(TEEN) TTY: 711**

 **Old Firehouse**  
McLean Community Center

