

**YOUTH CENTER**

ROOSEVELT ISLAND



## **Mandatory Consent Forms**

**Roosevelt Island Youth Center**

---

**Child's Name (Print)**

---

**Parent/Guardian's Name (Print)**



**Roosevelt Island  
Operating Corporation**

## GENERAL CONSENT FORM

Dear Parent/Guardian:

Please **initial each statement** below to indicate your permission for the indicated activities. If you wish to deny permission for the activity do not initial.

1. I grant permission for my child to participate in the program run by the Roosevelt Island Operating Corporation.
2. I grant permission for my child to participate in all related activities and events.
3. I grant permission for my child to participate in physical activities. I acknowledge that activities and/or programs which involve swimming and physical activity/exercise associated with participation in any such program partnerships may involve risk of serious injury. It is recommended that, prior to participation, any participant that engages in a program of physical exercise should do so only after consulting with a physician.
4. I grant permission for my child to travel home alone from the Youth Center and events until \_\_\_\_\_ P.M. (*Please specify latest time child may travel home alone.*)
5. I allow for Youth Center staff to give consent for emergency professional medical treatment if instant action is needed or if the emergency contact person cannot be reached.
6. I grant permission to the Youth Center to survey my child in order to evaluate the programs. Survey tools may include focus groups and parent surveys.
7. I grant permission for my child to leave the Youth Center/Roosevelt Island premises under adequate supervision by the Roosevelt Island Youth Center staff for neighborhood walks or trips within the five boroughs. It is my understanding that these neighborhood trips may be taken at any time without further consent from me.

---

Child's Name (Print)

---

Parent/Guardian's Name (Print)

---

Parent/Guardian's Signature

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



Roosevelt Island  
Operating Corporation

## **CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I hereby authorize the Roosevelt Island Youth Center staff to obtain emergency medical treatment for my child, if necessary, with the understanding that the family will be notified as soon as possible.

---

**Parent/Guardian's Name (Print)**

---

**Parent/ Guardian's Signature**

---

**Relationship**

---

**Date**

---

**Child's Name (Print)**

---

**Telephone**

---

**E-mail**

## STUDENT'S CODE OF CONDUCT

The Youth Center is a safe and secure place where young people learn about themselves and others, where they explore their options and discover new ideas, where young people are challenged and encouraged to become strong individuals. This Code of Conduct is put in place to guarantee a supportive space for all to enjoy, feel safe and reach their highest potential.

The following list of unacceptable behaviors are subject to change by the Youth Center management at any time and is by no means exhaustive in nature. Nor does this mean that any behavior that is not included on this list, but which is clearly detrimental to the Youth Center, our participants or other staff will be considered acceptable.

- Mistreatment of other participants, staff or volunteers.
- Racial, ethnic, bias or any other form of harassment in any form towards the public, participants, or staff.
- The damage, loss or destruction of Youth Center property, or the possessions of staff, volunteers or participants due to a willful or careless act, including graffiti, theft or dishonesty.
- Fighting, swearing or abusive language while in the Youth Center or on a trip.
- Breaking the law or committing an unlawful act in association with the Youth Center.
- Violation of any commonly acceptable or reasonable rules of responsible conduct.
- Leaving the Youth Center premises without permission or going into areas where a staff member is not present to monitor the participant's behavior.
- Refusing to follow arrival and dismissal procedures.
- All other rules developed by the Youth Center.

**By signing this form below, you acknowledge that you have read and understand the policies outlined in this document, that you have discussed the same with your child and that your child agrees to follow the Code of Conduct and obey the Youth Center rules.**

---

**Participant's Name (Print)**

---

**Date**

---

**Parent/Guardian's Name (Print)**

---

**Parent/Guardian's Signature**

## CONFIDENTIALITY AGREEMENT

The Youth Center staff is dedicated to supporting youth during their time of growth. Participants may share their thoughts and feelings with staff members during group or individual advisement. All Youth Center staff are **mandated reporters** who have regular contact with youth and are therefore required to report specific concerns regarding child safety.

This confidentiality agreement is put in place to assure that information shared will not be shared outside of the trust built with Youth Center staff unless their safety or the safety of others are at risk of harm.

This confidentiality agreement will be broken, and Youth Center staff will disclose information if the following is shared:

1. If your child is harming themselves.
2. If your child is harming others.
3. If your child is being harmed by others.

By signing this form below, you acknowledge and understand the confidentiality agreement outlined in this document and agree to follow and obey them.

---

**Participant's Name (Print)**

---

**Date**

---

**Parent/Guardian's Name (Print)**

**Parent/Guardian's Signature**

## PHOTO/VIDEO RELEASE FORM

I understand that the Roosevelt Island Operating Corporation (RIOC) and the Youth Center staff may take photos and/or videos of participants during activities and events for use in educational or promotional materials in print, multimedia, or web form. Photos/videos will only be used for purposes related to RIOC's and the Youth Center's missions.

*Please check the correct box and complete the information below.*

---

**I DO** grant permission for the use of my child's photo/video.

**I DO NOT** grant permission for the use of my child's photo/video.

Child's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_