

# MEMORANDUM

To: Parents and Staff

From: Regina Jackson  
President and CEO

## **Re: EOYDC Closing Procedures**

This comes to inform you that effective immediately, new procedures will be in place regarding children who are still present at the Center when all programs at the Center have ended and the Center is about to close.

Parents are asked to pick their children up at losing time for the particular program the Childs enrolled in. (Closing time is 6:00 for Homework Center, Arts/Crafts, Cooking, Dance and Computers). For Martial Arts and individual Wellness programs- such as basketball games, etc., closing time is 8:00 (See EOYDC schedule of programs for specific days programs are open). **EVERY FRIDAY EOYDC CLOSSES AT 6:00 SHARP.**

The EOYDC administration office is open daily from 9:00am to 5:00pm. Please call the Center **before** 4:30pm to let us know what other arrangements have been made to pick up your child. (Staff will not be available after 5:00pm to receive your phone call).

We regret that staff cannot wait with children once closing procedures have taken place, however, our staff has been informed that **NO CHILD IS TO BE LEFT WITHOUT ADULT SUPERVISION UNDER ANY CIRCUMSTANCES.**

Thank you for helping us to maintain a safe and secure environment by following these Guidelines.

If you have any questions please contact us at (510) 569-8088.



## YOUTH PARTICIPANT REGISTRATION

Male ☐ Female ☐

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ : Cell phone # : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Email: \_\_\_\_\_ Youth Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_

1. Emergency:

2. Emergency:

Contact person: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Ethnic Background:** African-American ☐ Asian ☐ Latin American ☐ Native American ☐  
Caucasian ☐ Pacific Islander ☐ Other \_\_\_\_\_

**Do you or your family receive any Government Assistance?** No ☐ Yes ☐

If yes, what type? Free Lunch Program ☐ WIC ☐ TANF ☐ AFDC ☐ SSI ☐ DI ☐ GA ☐

**Are you fluent in any language other than English?** No ☐ Yes ☐

If yes, language \_\_\_\_\_ Speak ☐ Read ☐ Write ☐

**(For those 16 years and older only) Are you employed?**

Yes ☐ No ☐ Full-time ☐ Part-time ☐ Temporary ☐

**How did you hear about E.O.Y.D.C.?**

Friend/Family Member ☐ Radio/Public Service Announcement ☐ Building Marquee ☐

Newsletter ☐ Referral ☐ Newspaper ☐ Television ☐ Flyer ☐ Meeting ☐

Other \_\_\_\_\_

**Are there any special considerations of which our staff should be aware to better serve you, such as?** Medical Condition ☐ Language ☐ Learning Disabilities ☐ Foster Care ☐ Probation ☐

Other ☐ (If so, please explain : \_\_\_\_\_)

**Please select any program you want to join:**

### Art

- ☐ Cooking
- ☐ Steel Pans
- ☐ Drawing & Painting
- ☐ West African Dance
- ☐ Ceramics
- ☐ Teen Painting

### Project J.O.Y

- ☐ Afterschool Leadership Academy
- ☐ Youth Computer Training
- ☐ Something to Talk About
- ☐ S.T.R.E.T.C.H.

### Physical Development

- ☐ Martial Arts
- ☐ Track & Field
- ☐ Youth Basketball League
- ☐ Pee Wee Basketball

## YOUTH PARTICIPANT PARENTAL RELEASE

### WAIVER RELEASE

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I the undersigned hereby authorize (NAME) \_\_\_\_\_ my child or ward, to participate in said activity given by the East Oakland Youth Development Center. I do hereby, for myself and for my heirs and assigns, and on behalf of my child or ward and for his/her heirs and assigns, release and agree to indemnify and hold harmless the East Oakland Youth Development Center and its officers, agents and employees from any and all liability, loss claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### MEDICAL RELEASE

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As the parent or legal guardian of (NAME) \_\_\_\_\_, I hereby give my consent to East Oakland Youth Development Center, its officers, agents and employees to provide for all emergency dental or medical care as prescribed by and duly licensed physician or dentist for my child. I hereby authorize said duly licensed physician or dentist to perform and prescribe all standard and necessary to preserve the life, limb or well being of my dependent. I understand that my dependent is NOT covered by any East Oakland Youth Development Center insurance and that I and/or my medical insurance company or HMO/PPO will be held financially responsible for any treatment rendered. I will not hold the East Oakland Youth Development Center and it officers, agents and employees responsible for any injury or claims.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**YOUTH PARTICIPANT PARENTAL CONSENT**

I, \_\_\_\_\_, hereby give consent for my child,  
\_\_\_\_\_ to participate in program activities at the East Oakland Youth  
Development Center (EOYDC). In consideration of EOYDC's acceptance of my child's participation  
in EOYDC program activities, I agree to the following:

1. My child will follow all of the rules at EOYDC, which are:

- **RESPECT ALL EOYDC STAFF**
- **All** participants and/or visitors must sign in at the front desk before attending scheduled programs and/or visiting anyone in the center
- If you are in the center **you must be in a program**
- **No** loitering around the Administration area
- **No** excessive noise around the Administration area
- **No** sitting, playing and/or hanging on the stairwell
- **No** running in the center
- **No** fighting and/or "play" fighting
- **No** gum chewing, or sunflower seeds
- **No** food and/or drink in any program areas
- **No** gambling, drinking (alcohol) and/or smoking

1. I, along with my child, will assume any and all responsibility for his/her actions which result in any damage and/or disruption of the EOYDC facility and/or equipment, including making restitution if required
2. If my child violates any of the rules and/or regulations of EOYDC, I understand that he/she may be suspended and that I may be required to attend a conference before my child is allowed to participate in further activities at EOYDC.
3. I intend to be legally bound for myself, my heirs, children, executors and administrators. I waive and release any and all rights and claims for injuries and/or damages which I and they do now, or may in the future have against EOYDC and/or its officers, employees, directors and agents.

**(Please make sure to keep us updated with Home address, Home phone, and  
Emergency contact information.)**

\_\_\_\_\_  
Youth Participant (please print)

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## CONSENT AND RELEASE

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I \_\_\_\_\_ hereby grant to EOYDC including, without limitation their respective licensees, successors, and assigns, and others working for or on behalf of any of them (collectively, the "Client") the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, and any material based thereon or derived there from, together with any actual or fictional material, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services in perpetuity.

The product of my services hereunder shall be a work-made-for-hire for Client for copyright purposes, or if for any reason held not to be work-made-for-hire, I hereby assign to Client all right, title, and interest in and to such product. I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims based upon invasion of privacy, defamation, or right of publicity) arising out of any use, blurring, alteration, distortion, illusionary effect, faulty reproduction, fictionalization, or use in any composite form of my name, signature, photograph, likeness, voice, testimonial, and biographical information.

I have the full and exclusive right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. This agreement contains the entire understanding between Client and me with respect to the subject matter hereof, may not be altered or waived except by a writing signed by both parties, and shall be governed by the laws of the State of California applicable to contracts executed and performed entirely therein.

\_\_\_\_\_  
Signature (Signatory)

\_\_\_\_\_  
Print Name (Signatory)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Client)

EOYDC  
8200 International Blvd.  
Oakland, CA 94621