# Mayor Jeff Martin

CYO/ BROMLEY NEIGHBORHOOD CENTER

1801 East State Street Hamilton, New Jersey 08609 (609)587-8100 (609)587-9601 Fax

CYO/ Bromley Teen Program
MONDAY-THURSDAY

6:30pm-8:30pm



FRIDAYS 6:30pm-9:30pm

Recreation, Games, Snacks, Movie Nights, Monthly Trips



9-17 YEAR OLD—HAMILTION RESIDENTS ONLY (new members must sign-up and register)



### TOWNSHIP OF HAMILTON BROMLEY CIVIC CENTER



MAYOR PRE-TEEN (9-13 year olds) MEMBERSHIP APPLICATION

Date Issued:	Card #
PARTICIPANTS NAME:	
(LAST)	(FIRST) (MI)
GENDER: MALE FEMALE (CIRCLE)	DATE OF BIRTH:/
SCHOOL:	GRADE:
MOTHER'S NAME:	PHONE #: HOME
STREET ADDRESS:	PHONE #: WORK
CITY: STATE: ZIP CODE:	PAGER/CELL PH.#:
FATHER'S NAME:	PHONE #: HOME
STREET ADDRESS:	PHONE #: WORK
	PAGER/CELL PH.#:
(other than parent)	PHONE #: RELATIONSHIP:
	we should know about your child:
I, the participant or parent/guardian of the above na Teen Center, hereby give my approval to participate. I of emergency, I authorize the Hamilton Township persone/my child to the nearest emergency facility for treatm IN THE EVENT OF INJURY DUE TO INCIDENTS BE INDEMNITY AND AGREE TO HOLD HARMLESS THE T PROGRAM VOLUNTEERS, AS WELL AS OTHER PLIABILITY AND ALL CLAIMS RELATING TO PERSON SUSTAIN BY REASON OF MY/OUR PARTICIPATION IN, In addition, I fully understand and will abide by all a posted at the Teen Center.	RELEASE  T/PARENT READ & SIGN:  Inmed child, by applying to become a member of the Hamilton Township I assume all risks and hazards incidental to such participation. In case onnel / trained volunteers to administer first aid treatment, to transport ment in case of emergency, and to try to notify me/my contact person. YOND THEIR CONTROL, I DO HEREBY WAIVE, RELEASE, ABSOLVE, OWNSHIP OF HAMILTON, ITS SUPERVISORS, EMPLOYEES, AND ALL ERSONS CONNECTED WITH HAMILTON TOWNSHIP, FROM ALL NAL INJURY OR PROPERTY DAMAGE THAT I OR MY CHILD MAY
PARENT/GUARDIAN SIGNATURE:	DATE:
PARTICIPANT SIGNATURE:	DATE:

(PLEASE READ THE REVERSE SIDE OF THIS APPLICATION, THEN SIGN ABOVE)

#### **RULES & REGULATIONS FOR TEEN CENTER**

- 1. This facility is designed for teenagers between the ages of 9-13 year olds.
- 2. All participants are required to complete a registration form and Teen Center Pledge.
- 3. Both teenager and his/her parent/guardian must sign Application Form.
- 4. Proof of age and Hamilton Township residency are required for admission and participation to the Teen Center.
- 5. All participants must sign in and out of the Teen Center.
- 6. The Teen Centers hours of operation are as follows:

Monday and Wednesday: 6:30 - 8:30pm

- \*Any teenager attempting to use the Teen Centers during non-operating hours shall be subject to penalty.
  - 7. All participants must display their card/pass on their person at all times while in the Teen Center.
  - 8. Use of drugs, alcohol, profanity, abusive language, smoking and/or vandalism is strictly prohibited and shall result in automatic and permanent expulsion from the Teen Center and subject to all other penalties provided to the fullest extent of the law.
  - 9. All participants must take care of the Teen Center and the materials they use.
  - 10. Participants are required to respect all facility staff members and follow their directions.
  - 11. Negative behaviors including all forms of bullying and harassment such as name-calling, shunning, ridiculing, threatening words, mimicking, physically hurting, intimidating gestures or expressions, and unwanted or inappropriate sexual contact, language or actions will result in automatic suspension and possible permanent expulsion from the Teen Center. Criminal charges may be filed in some cases.
  - 12. All participants should have fun and enjoy the Teen Center.

I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE TEEN CENTER RULES AS OUTLINED. (PLEASE SIGN THE REVERSE SIDE OF THIS APPLICATION.)



Date Issued:

## TOWNSHIP OF HAMILTON CYO/BROMLEY CIVIC CENTER

2019-20



MAYOR <u>TEEN (14-17 year olds) MEMBERSHIP APPLICATION</u>

PARTICIPANTS NAME:	
(LAST)	(FIRST) (MI)
GENDER: MALE FEMALE (CIRCLE)	DATE OF BIRTH:/
SCHOOL:	GRADE:
MOTHER'S NAME:	PHONE #: HOME
	PHONE #: WORK
CITY:STATE:ZIP CODE:	PAGER/CELL PH.#:
	PHONE #: HOME
STREET ADDRESS:	PHONE #: WORK
	PAGER/CELL PH.#:
EMERGENCY CONTACT:	PHONE #:
(other than parent) ADDRESS:	RELATIONSHIP:
	How will child get home from the Center?
Special information we	should know about your child:
I, the participant or parent/guardian of the above named participate. I assume all risks and hazards incidental to Township personnel / trained volunteers to administer first at for treatment in case of emergency, and to try to notify me/my IN THE EVENT OF INJURY DUE TO INCIDENTS BEYO INDEMNIFY AND AGREE TO HOLD HARMLESS THE TOWN PROGRAM VOLUNTEERS, AS WELL AS OTHER PERSONS COALL CLAIMS RELATING TO PERSONAL INJURY OR PROPE MY/OUR PARTICIPATION IN, EQUIPMENT OR FACILITIES TO THE CYO of Mercer County/Hamilton Township Bromley of children to/from the "Center". Our only responsibility for	CELEASE  PARENT READ & SIGN:  I child, by applying for The Teen Center, hereby give my approval to such participation. In case of emergency, I authorize the Hamilton id treatment, to transport me/my child to the nearest emergency facility contact person and the CYO of Mercer County/Diocese of Trenton.  ND THEIR CONTROL, I DO HEREBY WAIVE, RELEASE, ABSOLVE WISHIP OF HAMILTON, ITS SUPERVISORS, EMPLOYEES, AND ALL DINNECTED WITH HAMILTON TOWNSHIP, FROM ALL LIABILITY AND ERTY DAMAGE THAT I OR MY CHILD MAY SUSTAIN BY REASON OF THEREIN.  Neighborhood Civic Center assume no responsibility for transportation supervision is while the child is in the "Center".  Ind regulations as outlined on the reverse side of this form and as poster.
PARTICIPANT SIGNATURE:	
	OF THIS APPLICATION, THEN SIGN ABOVE)

### RULES & REGULATIONS FOR TEEN CENTER

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- 3. Both teenager and his/her parent/guardian must sign Application Form.
- 4. Proof of age and Hamilton Township residency are required for admission and participation to the Teen Center.
- 5. All participants must sign in and out of the Teen Center.
- 6. The Teen Center hours of operation are as follows:

### Monday - Thursday: 6:30 pm - 8:30 pm

### Friday 6:30 pm - 9:30 pm

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- 7. All participants must display their card/pass on their person at all times while in the Teen Center.
- 8. Use of drugs, alcohol, profanity, abusive language, smoking and/or vandalism is strictly prohibited and shall result in automatic and permanent expulsion from the Teen Center and subject to all other penalties provided to the fullest extent of the law.
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