

BEACON CENTER FOR ARTS & LEADERSHIP

Roland Hayes I.S. 291
231 Palmetto Street ▪ Brooklyn, NY 11221 ▪ Room 131
Beacon Office Number: 718.574.0361 Ext 131 Beacon Cell Phone Number: 646.276.4196

Adult Application

Valid July 1, 2015 - June 30, 2016

****It is mandatory to submit proof of address with your application****

Aplicación de Adultos

Valida 1 de Julio 2015 hasta el 30 de Junio 2016

****Es obligatorio presentar prueba de dirección con su aplicación****

Name: _____

A Program of



Coalition for Hispanic Family Services

Building Strong Communities One Family at a Time

www.HispanicFamilyServicesNY.org

NYC

Department of
Youth & Community
Development

FOR OFFICE USE ONLY
SOLAMENTE PARA USO DE LA OFICINA

DATE: _____ ACCEPTED BY: _____ DYCD #: _____

ADULT CLASS OPTIONS:

- ESL
- AEROBIC CLASSES
- WEIGHT ROOM
- FAMILY MARTIAL ARTS
- OTHER: _____

ADULT ENROLLMENT FORM

(For Use by enrollees 18 years and older)



Organization: Coalition for Hispanic Family Services and Beacon Center for Arts & Leadership

Intake Specialist/Staff: _____ Date: _____

| | |
|---|------------------|
| Last Name | First Name |
| Home Address | Apartment Number |
| City | State |
| Zip Code | Borough |
| Home Phone | Cell Phone |
| High School Attending | Email |
| Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No Response | Date of Birth |
| Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> No Response | |
| Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> No Response | |
| Country of Origin | Primary Language |

EMERGENCY CONTACTS. If there is an emergency, please contact the following individuals:

| | |
|-------------|--|
| NAME | Relationship to Participant: |
| Address | Write down all numbers and circle the best number to call in case of an emergency: |
| Apartment | <input type="checkbox"/> Home _____ |
| City, State | Contact <input type="checkbox"/> Cell _____ |
| Zip Code | <input type="checkbox"/> Work _____ |

| | |
|-------------|--|
| NAME | Relationship to Participant: |
| Address | Write down all numbers and circle the best number to call in case of an emergency: |
| Apartment | <input type="checkbox"/> Home _____ |
| City, State | Contact <input type="checkbox"/> Cell _____ |
| Zip Code | <input type="checkbox"/> Work _____ |

Please share any allergies or health issues we should be aware of in case of emergency: _____

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I accept and agree to abide by all applicable rules and regulations of the program.

Applicant Signature _____ Date _____
 Intake Officer Signature _____ Date _____

Photo/Video & Fitness Liability Waiver

I certify that I understand that Beacon and Coalition for Hispanic Family Services staff, as well as photographers, newspaper and television reporters, media representatives and public relations personnel may photograph, or record those who participate in these activities and events, and the resulting images, videos, and interviews may be used to promote the programs.

Therefore, I give permission for my likeness to be photographed, interviewed or otherwise recorded and the resulting images and text may be used by Beacon and/or Coalition for Hispanic Family Services or DYCD in any medium, whether now or hereafter.

Signature of Adult Participant: _____ Date: _____

I do not give permission for photographs, other recordings or interviews to be used by the program or DYCD in any publication. As a result, I may not be able to participate in events and group activities that may be used for publication purposes.

Signature of Adult Participant: _____ Date: _____

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program. In addition, I am physically fit to exercise and have obtained any necessary medical clearance from my physician prior. In the event that I am injured in any way or suffer any medical condition as a result, on behalf of myself, my heirs, agents or assigns, I hereby waive any claims, demands or cause of action and release from any liability whatsoever, from the City of New York, DYCD, Beacon, the Coalition for Hispanic Family Services and the Department of Education.

Signature of Adult Participant: _____ Date: _____



Rules and Regulations

The management at this community center strives to provide a safe and communal experience for all its participants. With that in mind, participants must abide by the following guidelines:

1. Participants must submit a completed application with proof of residence (BEACON only) prior to participating.
2. All participants are required to enter and exit the facility through the designated doors.
3. Participants must sign-in daily and must sign out as well. Participants may only sign-in for the current day.
4. Participants must wear appropriate clothing and shoes. All hats (except those used for religious purposes) must be removed upon entering.
5. Students must refrain from inappropriate interactions.
6. Children receiving childcare must be 5 years old or older.
7. Foul language and fighting is strictly prohibited. Individuals caught fighting may have their privileges revoked.
8. Eating is only allowed in designated areas and times. No candy, gum, or seeds.
9. Littering is not permitted in or around the center. All garbage and recyclables must be placed in their proper containers. Vandalism is strictly prohibited.
10. Participants are encouraged to leave all electronic devices and valuables at home. We are not responsible for lost or stolen items.
11. No weapons of any sort are permitted.
12. No alcohol, cigarettes, or controlled substances are permitted on or around the premises.
13. Theft is subject to criminal prosecution and revocation of community center privileges.
14. All fitness and game equipment, such as mats, weights, and controllers, must be used with care.
15. Videotaping and/ or recording of participants activities is not permitted.

I understand the Community Center Rules and Regulations and I acknowledge that failure to obey these rules may termination from the community center.

Print Name: _____

Participant's Signature: _____ Date: _____