



Hawaii Youth Symphony

INTERMEDIATE STRING ENSEMBLE

The **Hawaii Youth Symphony** offers its **INTERMEDIATE STRING ENSEMBLE** class to students who have at least **one year** of experience playing the violin, viola, cello or bass.

Registration forms available for download at www.HiYouthSymphony.org

LOCATION: Boys and Girls Club of Hawaii
Spalding Clubhouse, 2nd Floor Arts Room
1704 Waiola Street
(Behind Washington Middle School, Corner of Waiola & Lokahi St)

SEASON: Every **SATURDAY** from September 4, 2010 through April 23, 2011
Winter Vacation: December 25, 2010 and January 1, 2011
Spring Vacation: March 19, 2011

INCLUDES:

- ♪ Music retreat on Sunday, October 10, 2010
- ♪ Winter Concert on Saturday, December 11, 2010
- ♪ Music retreat on Sunday, January 30, 2011
- ♪ Spring Concert on Saturday, April 23, 2011

TIME: 10:45 am to 12 noon

CONDUCTOR: Ms. Helen Nguyen

MINIMUM AGE: All students must be at least 8 years old by 8/1/10.

FEES: Registration on or before August 25: \$295
Instrument Rental for season: \$135 – Violin/Viola; \$180 – Cello/Bass

EARLY REGISTRATION DEADLINE: WEDNESDAY, AUGUST 25, 2010

Instrument rental payment and pick up will be at the HYS office. If you need to rent an instrument please call the office prior to the start of class to check size availability. Our office is located in the round Varsity Building. We are open Monday – Friday from 9 am to 5 pm. Parking is available in the lot behind the Varsity Building, lot entrance is on Coyne Street. The following parking rates apply with HYS validation: \$1 per hour for the first 2 hours, then \$1 per 20 minutes after the first two hours (\$6 max charge). Street parking is free.

If funds are available, financial aid may be awarded for those who qualify. For more information and a financial aid application, please send a self-addressed, stamped envelope along with your registration form and payment or download the forms from our website at www.HiYouthSymphony.org.



Hawaii Youth Symphony

HYS ACADEMY: Intermediate String Ensemble 2010-2011 Registration Form

The completed forms & registration fees are due by **Wednesday, August 25, 2010**. **ANY FORMS POSTMARKED AFTER AUGUST 25 MUST INCLUDE A \$35 LATE FEE.** Mail to HYS, 1110 University Avenue, Suite 200, Honolulu, HI 96826-1508

Student Name _____
first middle last

Male Female

Birth date _____ (month/day/year)

Address _____
city state zip

Home Phone _____ Student Cell _____ Student Email _____

School in 2010-11 _____ Grade _____ Class of _____

Previous HYS Group _____ Total Years in HYS _____ Instrument _____

Private Music Teacher _____ Total years of lessons _____
first last

Sibling(s) in HYS (Name & Group) _____

Student lives with: Both parents Mother Father Other _____

	Father/Guardian	Mother/Guardian
Salutation (i.e. Mr. or Ms.)		
Name (First & Last)		
Occupation/Title		
Employer		
Work Phone		
Cell Phone		
Email		
Best form of contact (i.e. home phone, email)		

REGISTRATION FEES - All fees are NON-REFUNDABLE after the first rehearsal.

	Postmarked on or before August 25, 2010	Postmarked on or after August 26, 2010	Total
Registration Fee	\$295	\$330	\$
Credit Card Handling Fee (Only if making payment by credit card)	\$8 per applicant		\$
Tax Deductible Donation (Thank you!)			\$
		Total:	\$

PAYMENT METHOD (choose only one)

I am including full tuition payment with my registration forms.
 I am including the Installment Payment Agreement with my registration forms (for credit card use only)
 I am including 50% tuition payment with my registration forms and completed Financial Aid Application.

PAYMENT TYPE

CASH CHECK MASTERCARD VISA AMEX DISCOVER

CREDIT CARD: Name on Card: _____
Card # _____ Expiration Date ____/____ (month/year)
Signature of card holder: _____

CHECK: Check Number _____ Check Date _____ Check Amount _____ (There is a \$25 returned check fee)



CONFIDENTIAL INFORMATION

Release for Emergency Care

To whom it may concern:

- I hereby give my consent to any emergency facility and/or physician to administer any treatment that such facility or physician may deem necessary or appropriate to my child.
- In the event of an emergency during which I cannot be reached, I give consent to transport by ambulance if the situation warrants it.
- I understand that I will be responsible for all expenses associated with above medical treatment. I will defend, indemnify and hold Hawaii Youth Symphony and its officers, directors, agents, volunteers and attorneys harmless from and against any damages, liabilities, claims, costs or expenses arising from any such medical treatment.

Student Name: _____

Family Physician's Name: _____ Phone: _____

Physician's Address: _____

Medical conditions (i.e. allergies, asthma, etc.):

Medications currently taking: _____

Date of last DPT or Tetanus: _____

Medical Insurance Plan Covering Child: _____

Policy #: _____ Policy Holders Name: _____

Father/Guardian's Signature & Date

Mother/Guardian's Signature & Date

IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO NOTIFY HYS OF ANY CHANGES IN THE ABOVE INFORMATION.

Proceed to Page 3

PARENTS/STUDENTS: PLEASE READ CAREFULLY!

Parents must understand and agree to the following:

One of the aims of HYS is to promote the musical and personal development of its members by providing opportunities to learn and perform challenging orchestral music. My child has my permission to participate in HYS concerts. I agree to waive all claims against HYS for any injury or property damage that my child may incur. I also give permission for my child to participate in any HYS-sponsored recreational activities. I waive any claim, suit, or other legal action against HYS in the event that my child suffers any injuries as a result of his/her participation in any recreational activities.

I understand that all reasonable safety precautions will be taken at all times by HYS. I also understand the possibility of unforeseen hazards. In consideration of this minor's participation with HYS, I agree to indemnify and hold harmless HYS, its employees, volunteers, and agents, contracted or otherwise, from any liability for injury, diseases, or any damages resulting from said participation.

Volunteers must understand and agree to the following:

I understand that volunteers may be asked to assist with HYS related events. These events include, but are not limited to, providing general assistance at weekly rehearsals and concert events. I realize that volunteers may be asked to provide help in physically moving and setting up instruments and other orchestra equipment prior to or after rehearsals and concerts. I also realize that volunteers may be asked to provide help in the sales of merchandise, general office chores, taking attendance, running errands, answering questions and providing scheduling information. I waive any claim, suit, or other legal action against HYS in the event that I suffer any injuries as a result of participation in any HYS volunteer activities. I agree to release and hold harmless the HYS employees, volunteers, and agents, contracted or otherwise, from any liability for injury, diseases, or any damages resulting from my participation as a volunteer in any HYS sponsored activities. I agree that providing volunteer services at any HYS sponsored events constitutes good consideration for this release.

Students must understand and agree to the following:

Student musicians of HYS are expected to maintain high standards of personal conduct. The following behaviors are strictly prohibited: cigarette smoking; gambling; cohabitating; selling, possessing, consuming, or being under the influence of illegal drugs, narcotics, hallucinogens, or alcohol. Such behavior will lead to immediate expulsion from HYS.

As a member of HYS, I give permission to publish, distribute and/or display video and photographic images of me for archival and publicity purposes. I hereby release HYS and its photographer from any and all liability for use of my image in a single or composite form. I understand that the photographer and HYS can use any artistic procedure for composition needed to produce a product, publication or display, for promotional reasons.

I have read and understand all Hawaii Youth Symphony (HYS) policies outlined above. As a member of the HYS orchestras, I promise to abide by the Code of Ethics, Attendance Policy, and private lessons requirement outlined in this agreement and in the HYS handbook which we have read. I have reviewed all of this information with my parents/guardians. Our signatures indicate our compliance.

Father/Guardian's Signature & Date

Mother/Guardian's Signature & Date

Student's Signature & Date

PRINT Student's Name

Proceed to Page 4



Please keep this page for your records.

ATTENDANCE POLICY

A complete attendance policy is published in the Student Handbook, at www.hiyouthsymphony.org. Please review the Handbook carefully. In order to register, you must agree to adhere to the following requirements:

1. Members are expected to attend all rehearsals and concerts.
2. Only two absences are allowed per semester.
3. Any absence must have parental approval and must be cleared by your orchestra conductor.
4. Notification of absence should be made to the HYS office or concert parent at least 24 hours in advance.
5. Absences due to conflicts with school music activities *may* be excused. However, you must still notify your concert parent or the office.
6. Rehearsal and performance schedules are provided in advance so that you can plan accordingly.
7. It is the responsibility of the student and parents/guardians to arrange excused absences from school when a HYS event/tour occurs on a school day.

FINANCIAL AID & PRIVATE LESSONS

All BSE & ISE students are encouraged to take private lessons. Students also are strongly encouraged to participate in their school music programs. If funds are available, partial financial aid is awarded on the basis of need to assist students with private lessons, instrument rentals and/or registration. If a student qualifies, all financial aid funds are on a reimbursement basis. **You must register first before you apply for aid. If you are interested in applying for financial aid, you may download the application from our website at www.hiyouthsymphony.org, or enclose a self-addressed, stamped envelope with your registration forms and an application will be mailed to you.**

INSTRUMENT LIABILITY/INSTRUMENT RENTAL

String instruments are available for rent for the September through May season. Violins and violas are \$135 per season and cellos and basses are \$180 per season. You will need to pick up and pay for instrument rentals at the HYS office. If you need to rent an instrument, please call us at 941-9706 in order to confirm availability and arrange pick-up. **HYS claims no liability for student-owned instruments and highly recommends that parents obtain insurance through their homeowner's policy or other means.**

Proceed to Page 5



Hawaii Youth Symphony

2010-2011 PARTICIPANT DEMOGRAPHIC INFORMATION

The Hawaii Youth Symphony would appreciate if you would complete this short questionnaire and return it with your application. Participation in this survey is voluntary. Information is kept anonymous and confidential and used for grant purposes only. Mahalo for your help.

Where do you reside?

- Honolulu Central Oahu Leeward Oahu Windward Oahu
 Kauai Maui Molokai Hawaii

Your Zip Code: _____

Race/Ethnicity of Student. (check all that apply)

- American Indian or Alaska Native
 Asian: Chinese Filipino Indian Japanese Korean Thai Vietnamese Other Asian _____
 Black or African American
 Hispanic or Latino
 Native Hawaiian
 Other Pacific Islander _____
 White

Total Household Income

- <\$14,999
 \$15,000-\$29,999
 \$30,000-\$49,999
 \$50,000-\$74,999
 \$75,000-\$99,999
 \$100,000-\$149,999
 >\$150,000

Return to HYS, 1110 University Ave., #200, Honolulu, HI 96826 Many thanks for your time and help!



Hawaii Youth Symphony

2010 - 2011

OPTIONAL

Installment Payment Plan Agreement

(For Credit Card Payments Only)

Mail completed installment agreement with registration forms to: HYS, 1110 University Ave, Suite 200, Honolulu, HI 96826-1508. Installment agreements will be accepted until July 9 for the Symphony Program (CO, YSII, YSI) and until September 4 for the Academy Program.

Student Name _____ Group _____

Parents Name(s) _____

Address _____
city state zip

Phone _____ Parent(s) Email _____

Registration Installment Plan (choose one):

_____ **Youth Symphony I (YSI)**
Four Payment Plan (includes \$20 processing fee)
\$120 charged on: day registration forms are received, 8/1/10, 9/1/10 & 10/1/10

_____ **Youth Symphony II (YSII)**
Four Payment Plan (includes \$20 processing fee)
\$105 charged on: day registration forms are received, 8/1/10, 9/1/10 & 10/1/10

_____ **Concert Orchestra (CO)**
Four Payment Plan (includes \$20 processing fee)
\$95 charged on: day registration forms are received, 8/1/10, 9/1/10 & 10/1/10

_____ **Academy Program (BSE, ISE, SOE, CSO)**
Four Payment Plan (includes \$20 processing fee)
BSE & ISE - \$78.75 charged on: day registration forms are received, 10/1/10, 11/1/10 & 12/1/10
SOE & CSO - \$82.50 charged on: day registration forms are received, 10/1/10, 11/1/10 & 12/1/10

Payment Information:

CREDIT CARD TYPE: MASTERCARD VISA AMEX DISCOVER

CREDIT CARD: Name on Card: _____

Card # _____ Expiration Date ___/___

I authorize HYS to charge the credit card listed above, according to the option chosen above. I understand that tuition is non-refundable. If my credit card is declined, I agree to make other arrangements to pay my bill within 5 days.

Cardholder Signature

Date

Important Notes:

Please return BOTH the HYS Registration Form and the Boys & Girls Club Application TOGETHER to:

Hawaii Youth Symphony
1110 University Ave. Suite 200
Honolulu, HI 96826

New for 2010:

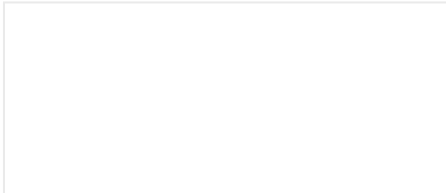
The Boys & Girls Club now requires additional information for age verification purposes. The Club requires a copy of an ID that shows the child's name and birth date (i.e. birth certificate, passport, state ID.)

Please attach a copy of your child's ID to the Boys & Girls Club Application.

Mahalo for your cooperation!

Membership Information Form

For Office Use Only



KidTrax ID <input style="width: 90%;" type="text"/>	Member ID <input style="width: 90%;" type="text"/>	Data Entry Rec'd: <input style="width: 60%;" type="text"/> Entered: <input style="width: 60%;" type="text"/> ID Issued: <input style="width: 60%;" type="text"/>
Member Status <input type="checkbox"/> New <input type="checkbox"/> Renewing <input type="checkbox"/> Former	Active <input type="checkbox"/> Active <input type="checkbox"/> Inactive	Membership Dates Service: <input style="width: 60%;" type="text"/> Termination: <input style="width: 60%;" type="text"/> Initial: <input style="width: 60%;" type="text"/> Renewal: <input style="width: 60%;" type="text"/>
Comment: _____ _____ _____		

Please Print in Ink or Type

Member (Please Print)

First Name: <input style="width: 95%;" type="text"/>	Middle Name: <input style="width: 95%;" type="text"/>	Last Name: <input style="width: 95%;" type="text"/>
Name of Person Member Lives With: <input style="width: 95%;" type="text"/>	Home Phone Number: <input style="width: 95%;" type="text"/>	Emergency Contact: <input style="width: 95%;" type="text"/>
Home Address: <input style="width: 95%;" type="text"/>		Emergency Phone & Extension: <input style="width: 95%;" type="text"/>
City: <input style="width: 95%;" type="text"/>	State: <input style="width: 30%;" type="text"/>	Postal Code: <input style="width: 30%;" type="text"/>
		Email Address: <input style="width: 95%;" type="text"/>

Demographic

Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birthdate: <input style="width: 60%;" type="text"/>	Age: <input style="width: 30%;" type="text"/>	Ethnicity: (Circle One) African American Am. Indian Burmese Cambodian Caucasian Chinese Filipino Guamanian Hawaiian/Pt. Haw'n Hispanic Indian/Pakistani Indonesian Japanese Korean Laotian Malayan/Singapore Marshallese Micronesian Mixed (not Haw'n) Pacific Islander Portuguese Puerto Rican Saiban Samoan Thailand Toncan Vietnamese Unknown/Other
School Name: <input style="width: 95%;" type="text"/>			Grade: <input style="width: 30%;" type="text"/>
Family Totals - Sisters: <input style="width: 30%;" type="text"/>	Lives With: (Circle One) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister/Brother <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Guardian <input type="checkbox"/> Other		
Brothers: <input style="width: 30%;" type="text"/>	Member before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household: <input style="width: 30%;" type="text"/>	Number of Years: <input style="width: 30%;" type="text"/>	Name of Clubhouse: <input style="width: 95%;" type="text"/>	

Parent/Guardian Information: (Please Print)

Father's First Name: <input style="width: 95%;" type="text"/>	Father's Last Name: <input style="width: 95%;" type="text"/>	Father's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Father's Employer: <input style="width: 95%;" type="text"/>	Father's Occupation: <input style="width: 95%;" type="text"/>	
Mother's First Name: <input style="width: 95%;" type="text"/>	Mother's Last Name: <input style="width: 95%;" type="text"/>	Mother's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Mother's Employer: <input style="width: 95%;" type="text"/>	Mother's Occupation: <input style="width: 95%;" type="text"/>	
Guardian's First Name: <input style="width: 95%;" type="text"/>	Guardian's Last Name: <input style="width: 95%;" type="text"/>	Guardian's Work Phone & Ext: <input style="width: 95%;" type="text"/>
Guardian's Employer: <input style="width: 95%;" type="text"/>	Guardian's Occupation: <input style="width: 95%;" type="text"/>	

Medical/Emergency

Medical Problems/Allergies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Medications: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Physician: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Physician Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Preferred Hospital or Clinic: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Hospital Phone: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Insurance Company: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Insurance Policy Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Can Member Swim? <input type="checkbox"/> Yes <input type="checkbox"/> No	

General Information

Military Branch: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Status: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Start Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	End Date: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
Phone number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	E-mail: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Notes

Participation in other Youth Programs: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Hobbies: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Nickname: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mother's Maiden Name: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Confidential The following information is necessary for our records and the funding our Organization receives. The answers you provide are completely confidential. Your cooperation in providing this information is both appreciated and necessary.

Medicaid Number: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Check all that Apply: <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Free School Lunch <input type="checkbox"/> Vet. Compensation <input type="checkbox"/> Medicaid	Child's Labor Force Status: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Employed</td> <td style="border: none;">Unemployed</td> </tr> <tr> <td style="border: none;">Not in Labor Force</td> <td style="border: none;">Unknown</td> </tr> </table>	Employed	Unemployed	Not in Labor Force	Unknown															
Employed	Unemployed																				
Not in Labor Force	Unknown																				
Annual Family Income: (Circle One) <table style="width:100%; border: none;"> <tr> <td style="border: none;">\$11,750 or below</td> <td style="border: none;">\$35,751 - \$39,750</td> </tr> <tr> <td style="border: none;">\$11,751 - \$15,750</td> <td style="border: none;">\$39,751 - \$43,750</td> </tr> <tr> <td style="border: none;">\$15,751 - \$19,750</td> <td style="border: none;">\$43,751 - \$47,750</td> </tr> <tr> <td style="border: none;">\$19,751 - \$23,750</td> <td style="border: none;">\$47,751 and over</td> </tr> <tr> <td style="border: none;">\$23,751 - \$27,750</td> <td style="border: none;">Care not to Provide</td> </tr> <tr> <td style="border: none;">\$27,751 - \$31,750</td> <td style="border: none;">Pension</td> </tr> <tr> <td style="border: none;">\$31,751 - \$35,750</td> <td style="border: none;">Social Security</td> </tr> </table>	\$11,750 or below	\$35,751 - \$39,750	\$11,751 - \$15,750	\$39,751 - \$43,750	\$15,751 - \$19,750	\$43,751 - \$47,750	\$19,751 - \$23,750	\$47,751 and over	\$23,751 - \$27,750	Care not to Provide	\$27,751 - \$31,750	Pension	\$31,751 - \$35,750	Social Security	Child's Family Setting: <table style="width:100%; border: none;"> <tr> <td style="border: none;">1 Parent Family</td> <td style="border: none;">Other</td> </tr> <tr> <td style="border: none;">2 Parent Family</td> <td style="border: none;">Unknown</td> </tr> <tr> <td style="border: none;">Extended Family</td> <td></td> </tr> </table>	1 Parent Family	Other	2 Parent Family	Unknown	Extended Family	
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1 Parent Family	Other																				
2 Parent Family	Unknown																				
Extended Family																					
Confidential <input type="checkbox"/> Foster Child <input type="checkbox"/> Adjudicated <input type="checkbox"/> Status Offender		Disability: Hearing Impaired Not Handicapped Vision Impaired																			
Education: <table style="width:100%; border: none;"> <tr> <td style="border: none;">Held Back</td> <td style="border: none;">Poor Grades</td> </tr> <tr> <td style="border: none;">Poor Attendance</td> <td style="border: none;">Drop Out</td> </tr> </table>		Held Back	Poor Grades	Poor Attendance	Drop Out																
Held Back	Poor Grades																				
Poor Attendance	Drop Out																				

I have read the completed application, understand the rules of the Boys & Girls Club of Hawaii and request that my son/daughter/ward be admitted into membership. I have explained the rules to my son/daughter/ward and agree that the Boys & Girls Club of Hawaii will not be responsible for any accident to my child while on the premises or while engaged in any of its activities. I hereby give permission for images on my son/daughter/ward, captured during regular and special activities through video, photo, and digital camera, to be used solely for the purposes of Boys & Girls Club of Hawaii promotional material and publications, and waiver any rights of compensation or ownership thereto.

I give permission for my child to participate in a survey to measure the effectiveness of the Life Skills Training program. This survey will be given at the beginning and ending of the program and will ask questions about tobacco, alcohol, and drug use by my child and his/her knowledge and attitudes concerning alcohol, tobacco and drug use. I UNDERSTAND THAT MY CHILD'S ANSWERS TO THESE SURVEY QUESTIONS ARE STRICTLY CONFIDENTIAL.

A copy of your child's Birth Certificate may be requested.

Parent or Guardian Signature

Youth's Signature

Date: Month _____ Day _____ Year _____



BOYS & GIRLS CLUB OF HAWAII
Charles. C. Spalding Clubhouse
MEMBER AND PARENTS GUIDELINES

MISSION STATEMENT

Inspiring young people to become responsible citizens.

MOTTO

A positive place for Hawaii's kids!

OPEN DOOR POLICY

Any youth who becomes a member (ages 7 to 17 years old) may participate in all programs and activities offered by the CLUB. Youth members may also come and go as he or she pleases, without notification. There are no check-in/out procedures

WHAT THE CLUB OFFERS

The CLUB is a positive place that offers many educational, recreational and social activities. Caring and trained youth development staff provides guidance in helping boys & girls to:

- Discover their needs
- Pursue their interest
- Nurture their talent
- Broaden their view points
- Dissolve their prejudices
- Resolve their conflicts
- Set their goals
- Understand themselves
- Have fun

CODE OF CONDUCT

The following behaviors and acts are not allowed at the CLUB:

- Fighting
- Intimidation
- Threatening
- Teasing
- Swearing or Abusive Language
- Discourteous and Rude Behavior toward Staff
- Weapons of any kind
- Consumption or possession of Alcohol, Tobacco, or Illegal Drugs
- Stealing
- Graffiti
- Misusing program equipment

CONSEQUENCES

- 1ST WARNING: Members will be asked to pick up rubbish or do push ups
- 2ND WARNING: Member may be asked to leave the premises for the day
- 3RD WARNING: Parents may be notified and member may be suspended for three days
- 4TH WARNING: Parents will be notified and members will be suspended for one week or longer. Member may be asked to sign a Behavioral Agreement before he/she is allowed to return.
- 5TH WARNING: Membership will be revoked

BOUNDARIES

Members are not allowed to travel beyond the parking lot boundaries, Washington Middle School, and basketball/volleyball courts. Members are not allowed to play in or around the roadway.

LOST AND DAMAGED ITEMS

The Boys & Girls Club of Hawaii (BGCH) and the BGCH Charles C. Spalding Clubhouse will not be responsible for any lost or damaged items. Youth members are encouraged to leave all valuables at home.

MEDICAL PROBLEMS OR ALLERGIES

Please notify BGCH Charles C. Spalding Clubhouse Staff of any allergies or medical problems that your child may have.

CONTACT INFORMATION

Boys & Girls Club of Hawaii
Charles C. Spalding Clubhouse
1704 Waiola Street, Honolulu, HI 96826
Phone: (808) 949-4743
Fax: (808) 951-4943

We have read the Members and Parents Guidelines, understand it, and agree to its terms.

Parent/Guardian Print

Parent/Guardian Signature

Date

Member Print

Member Signature

Date