Summer Enrichment Program

Who: Students going into 6th, 7th, and 8th Grades
When: June 3 - June 28, 2019
    Monday-Friday
    8:30 a.m. - 2:00 p.m.

Where: Artemus Ward School

ENROLLMENT DEADLINE: May 23rd
Turn in enrollment paperwork to Artemus Ward front desk or email to b.cowans@bpdc.org.

Please complete all attached forms!

FOR MORE INFORMATION CONTACT:
Betty Cowans
Site Coordinator
Bellaire Puritas Development Corporation
b.cowans@bpdc.org
216-671-2710 ext. 215
# P4SS Enrollment Form

## Student Information (Required)

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<th>Last Name</th>
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<th>Gender</th>
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<th>Date of Birth</th>
<th>Grade</th>
<th>Age</th>
<th>Student’s Race/Ethnicity</th>
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| □ Black/African American | □ Caucasian (White non-Hispanic) | □ Asian |
| □ Hispanic | □ Bi-racial | □ Other |

## Parent/Guardian Information (Person to notify in case of emergency)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship to Youth: □ Mother/Father □ Aunt/Uncle □ Grandparent □ Other (specify___________)</th>
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<th>Address (if different from student)</th>
<th>Apt#</th>
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## Transportation Plan & Consent

I understand that my child will remain at his/her school for P4SS programming at the end of the regular school day. My child has permission to get home after the program each day in the following manner: *(Check all that apply)*

- □ Parent Pick-up
- □ Pick-up by adult (NOT parent/guardian) Who? ________________
- □ Walk home *without* an adult
- □ Take public transportation home *without* an adult

## Additional Information:
The following information is optional, however will assist in providing optimal opportunities for your child:

- Number of siblings enrolled in the program: __________
- Which does your child receive or is eligible for? □ free lunch □ reduced lunch □ neither
- Is your child Limited English Speaking/LEP? □ Yes □ No
- Does your child have an IEP? □ Yes □ No
  *If yes, please share with appropriate program staff*<br>
- Does your child have a 504 Plan<br>
  *If yes, please share with appropriate program staff*<br>
- Has your child been identified as gifted/talented? □ Yes □ No

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<tr>
<th>Office Use Only</th>
<th>Date of Enrollment:</th>
<th>Date of Withdrawal:</th>
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# Student Emergency Information Form

<table>
<thead>
<tr>
<th>Student’s name:</th>
<th>Date of Birth:</th>
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<tbody>
<tr>
<td>Parent/Guardian name:</td>
<td>Parent/Guardian Work/School Phone:</td>
</tr>
<tr>
<td>Parent/Guardian Cell Phone:</td>
<td>Parent/Guardian Home Phone:</td>
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</tbody>
</table>

**Where can you be reached while you child is in this program?**

**Emergency contacts:** Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency, if you cannot be reached. At least one person listed must be within one hour of the school/center, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

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<th>Name</th>
<th>Name</th>
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<tr>
<td>City</td>
<td>State</td>
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<tr>
<td>Phone</td>
<td>Relationship</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Phone</td>
<td>Relationship</td>
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**Other numbers where emergency contact can be reached (if applicable):**

**Health/Medical Insurance Company:**

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<tr>
<th>Policy/Group #:</th>
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**Name of Physician or Clinic/Hospital**:

**Allergies, Special Health or Medical Conditions, and Food Supplements**

Fill in this section completely.

Please note that program staff WILL NOT administer medication on a routine basis. Medication will only be administered on an emergency basis by the program staff and then only if a Medical/Physical Care Plan and/or Request for Administration of Medication is completed.

**Does the student have any food, medication or environmental allergies? (check all that apply)**

- [ ] No
- [ ] Yes – check all that apply
- [ ] Food
- [ ] Medication
- [ ] Environmental

Please list and explain:

**Does the allergy/allergies require program staff to take action if a reaction occurs, or give emergency medication? (check one)**

- [ ] No
- [ ] Yes – a Medical/Physical Care Plan and if administering medication, a Request for Administration of Medication must be completed.

**Does the student have a special health or medical condition?**

- [ ] No
- [ ] Yes – Please check all that apply. If other please explain
- [ ] Asthma
- [ ] Convulsions/Seizures
- [ ] Diabetes
- [ ] Corrective Device
- [ ] Other - Please list all other medical concerns P4SS should be aware of:

**Is your child currently using any medication?**

- [ ] No
- [ ] Yes – please list

**Does the student have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)**

- [ ] No
- [ ] Yes – please explain

**Give Permission to Transport**

Program Name:  

Has permission to secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

**Do Not Give Permission to Transport**

Program Name:  

Does not have permission to secure emergency transportation for my child in the event of an illness or injury, which requires emergency treatment. I wish for the following action to be taken:

**Parent/Guardian’s signature**   

Date
Parent-Student Agreement

Partners for Student Success (P4SS) is an enrichment program that provides opportunities that foster social and academic growth of students through community-based collaborations. Participating in P4SS is a privilege. Program staff are committed to providing students with a safe environment to explore interests, expand experiences at school, and have fun with peers. Below is an outline of the student expectations and guidelines.

Safety
- Upon arrival to cafeteria, you must sign-in, and remain with P4SS Programming until 2:00 p.m.
- If for any reason (bathroom, water, tutoring, early dismissal) you need to remove yourself from the program environment, you must: (1) inform program staff, (2) sign-out before leaving, (3) sign-in after returning.
- If a parent/guardian arrives for early pick-up, you must (1) inform a staff member, (2) sign-out once parent/guardian has arrived, (3) wait to be escorted to the door by staff.

Respect
- Carry yourself in a dignified manner.
- Respect all staff, participants, and volunteers.
- Be mindful of language directed toward self and others.
- No physical violence or aggression will be tolerated.

Participation and Engagement
- All students are expected to participate and engage in all activities during programming. Refusal to participate can result in dismissal from the program.

Cell Phone Usage
- Cell phone usage during programming must be limited, and not be used for social media, games, etc. If you need to make or take a phone call from a parent, be sure to inform staff and remove yourself from environment.

Parent/Guardian:

By signing below, my child and I acknowledge that we have fully read and understand the above expectations and guidelines for P4SS Programming. We understand that in order to continue participating in the program, he/she must adhere to these expectations and guidelines. Failure to do so may result in a parent conference, temporary suspension, and dismissal from program.

_____________________________  _______________________________  __________
Student Signature            Parent Signature           Date

Betty Cowans
School Enrichment Coordinator
b.cowans@bpdc.org
216-671-2710
P4SS Parent Agreement

I give permission for my child, __________________________, to participate in the P4SS Program at __________________________.

Check that you have read and agreed to each statement below.

☐ I understand that the P4SS Program and its activities are designed to provide opportunities for academic achievement and self-development for my child.

☐ I understand that it is necessary for my child to attend regularly and participate in program activities (i.e. classroom and group projects, field trips, youth service projects, etc.) in order to receive the optimal experience of the program.

☐ I agree to participate, as often as possible, in family literacy and engagement opportunities offered through the program. I understand that my participation in program activities shows my child that I value his/her learning, successes and positive self-development.

☐ I will support my child by continuing to work with him/her at home and by keeping open lines of communication with his/her school as well as the P4SS staff.

☐ I will support my child with praise and encouragement so that he/she will develop a confident self-image and pride in his/her achievements.

☐ I agree to participate in the completion of surveys, interviews and/or focus groups for the purpose of evaluating the effectiveness and impact of the P4SS program.

_________________________  __________________________  ____________
Parent/Guardian Name (Print)  Parent/Guardian Signature  Date

Updated 8/3/17 Greater Cleveland Neighborhood Centers Association
# ACADEMY

Wade Park School  
Wednesday, June 26 & Thursday, June 27*  
8:30 am-3:30 pm  
Registration

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<tr>
<th>Parent/Guardian Information</th>
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<td>First Name</td>
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<td>Personal Email**</td>
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<th>Home Phone</th>
<th>Mobile Phone</th>
<th>Work Phone</th>
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<tr>
<th>Which Phone is your Primary Phone? (choose one)</th>
<th>Mobile</th>
<th>Work</th>
<th>Home</th>
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<th>Is there an Emergency Contact? (choose one)</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Emergency Contact Information</th>
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<tr>
<td>First Name</td>
<td>Last Name</td>
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<td>Emergency Contact Email</td>
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<th>Which is the Emergency Contact’s Primary Phone? (choose one)</th>
<th>Mobile</th>
<th>Work</th>
<th>Home</th>
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<th>How did you hear about Geek Squad Academy?</th>
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<th>Student Information</th>
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<td>First Name</td>
<td>Last Name</td>
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<tr>
<th>Gender</th>
<th>Male</th>
<th>Female</th>
<th>Age (at time of camp)</th>
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<tr>
<th>T-shirt Size</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
<th>X-Large</th>
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| Attended Geek Squad Academy previously? | Yes | No |

| Special Needs? | Yes | No |

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<th>If Yes, please explain</th>
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| Dietary Restrictions? | Yes | No |

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<th>If Yes, please explain</th>
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*Must be able to attend both days of camp to participate

**All notification and updates regarding camp will be sent via this email – please be sure this is an email you check frequently
Geek Squad Academy Permission and Release Form

Print Name of Parent or Guardian: ____________________________________________________________

Print Name of Child: ___________________________________________________________________________

Day or Evening Contact Number(s) for Parent or Guardian: _____________________________________

Daytime Phone: ____________________________________________________________________________

Evening Phone: ____________________________________________________________________________

Summer Academy Date(s): Month, Day, Year, Time: June 26 & 27, 2019

Summer Academy Location (Facility Name): Wade Park School

PLEASE INFORM the Summer Academy organizers of any special instructions related to the Child (e.g., food or bee sting allergies, necessary medical needs, etc.):

________________________________________________________________________________________

As the undersigned, I hereby:

- Represent and warrant that I am the legal parent or guardian of the Child, referenced above, and that I have the right to contract in my own name and on the Child’s behalf.
- Acknowledge that as a part of the Geek Squad Academy my Child will access the internet, including web sites on the internet, and I give my permission for my Child to participate in the Geek Squad Academy, including accessing the internet and web sites on the internet. The Geek Squad Academy will be held at the location and the dates indicated above, and I acknowledge that my Child will not be provided transportation to or from Geek Squad Academy and that I am solely responsible for providing transportation for my Child, unless provided by the local organization, not Best Buy (as defined in the “Release”, attached hereto).
- Give the sponsor of Geek Squad Academy, Best Buy, permission to record any photographic, video and/or audio media of my Child during his/her participation in the Geek Squad Academy and other internal consumer education, product and marketing research, as further set forth in the attached Release. I also acknowledge and agree that Best Buy may collect notes or other data about my Child’s participation in Geek Squad Academy and unconditionally grant to Best Buy, and its present and future parent company and affiliates, representatives and licensees, the absolute and perpetual right and permission to use the name and likeness of the Child, as well as the ideas, opinions, data, written notes and impressions provided by the Child during the Geek Squad Academy anywhere worldwide, and I hereby assign Best Buy to copyright or otherwise perfect ownership in such information, in whole or in part, as further set forth in the attached Release.
- Acknowledge and agree that Geek Squad Academy organizers are not responsible for administering any medical care to my Child whatsoever.

Signature of Parent or Guardian: ____________________________________________________________

Date: __________________________________________________________________________________

To contact Best Buy about this Summer Academy, please contact:
academy@geeksquad.com

[Additional Release Terms on Following Page]
Release

In consideration for having my name, photograph, video/film footage, voice, sound and any other form of visual or sound reproduction, or likeness ("Images and Sounds") considered for inclusion in Best Buy advertising and other materials, the sufficiency of which is acknowledged and agreed, I agree as follows ("Release"):

- I grant to Best Buy Purchasing LLC, its parent, subsidiaries and affiliates ("Best Buy") and its assignees, successors and licensees permission to take and use the Images and Sounds and to use my name in connection with them.

- I agree that Best Buy owns all Images and Sounds it takes of me, and I waive any and all interest in the Images and Sounds. I also agree that Best Buy has all rights of ownership to the Images and Sounds including the right to use, re-use, publish, republish, retouch, reproduce, manipulate and change the Images and Sounds and to use the Images and Sounds with or without my name, as a testimonial or with fictitious names. If I receive any copies, prints or negatives of the Images and Sounds, I agree not to authorize any one else the right to use them.

- I agree that Best Buy's ownership gives it the right to use the Images and Sounds, throughout the world, for any commercial purpose, including without limitation, the following: advertising, print media, audio visual media, internet media, annual reports, S.E.C. filings, internal communications, press releases and any other medium, anywhere in the world, for perpetuity.

- I agree that Best Buy does not have to submit the Images and Sounds to me for inspection or approval and that Best Buy is not liable to me for anything in connection with its use of the Images and Sounds or my name or anything it does to the Images and Sounds, including distortions, alterations, special effects and so on.

- I represent and warrant that the rights I am granting to Best Buy do not conflict with any other agreements, restrictions or commitments I have; that I have read and understand the terms of this Release and, unless signed by parent/guardian below, I am twenty-one (21) years of age and I have the right to enter into contracts in my own name.

- I agree that the consideration I have received is in full payment for the rights I have granted to Best Buy, and that Best Buy has no obligation to pay me anything else for its use of the Images and Sounds.

Printed name: ___________________________ Date: ___________________________

Signature: ______________________________

Address: _______________________________

Witness: _______________________________

For persons fewer than 21 years of age, the parent or legal guardian must complete the following:

I represent and warrant that I am the parent or legal guardian (circle one) of the minor model named above, I have the right to contract on the minor’s behalf, without obtaining the consent or approval of any other party; I have read this Release and understand it. I release Best Buy of any liability arising out of the exercise of the rights granted by the above Release.

Parent or Guardian’s Printed name: ___________________________ Date: ___________________________

Signature: ______________________________

Address: _______________________________

Witness: _______________________________
Full STEAM Ahead This Summer!

June 4th and 6th: Green Screens, Cameras, and Photoshop – OH MY!

June 11th and 13th: Circuit Basics and T-shirt Pressing

June 18th and 20th: Tinkercad – an intro to 3D Design

June 25th: Button, Button, YOU get a Button. Design, Print, and Press your own original Button

Must have signed membership form

Membership gives you access to the Rockport Best Buy Teen Tech Center during open center hours
Dear Parent or Guardian:

The Clubhouse is designed to be a safe and fun place for young people from all different kinds of backgrounds. This permission slip includes a description of the Clubhouse and what personal information young people provide to participate.

Description of the Program:
The Clubhouse provides a creative and safe after-school learning environment run by the Cleveland Public Library. The Clubhouse enables young people to work with adult mentors to explore their own interests, develop skills, and build confidence in themselves through the use of technology. In the Clubhouse, young people can design their own music, art, videos, animations, robots, and science simulations. Under the supervision of the Clubhouse Supervisor, they have access to the Internet and can occasionally post their own original work on the Internet.

What Information We Collect:
The Clubhouse will collect the information on this form as registration information for the program. When young people participate in the program, they sign in so that the Clubhouse knows how many young people attended and how often. Also, participants in the Clubhouse will have the ability to create materials that may be posted to a Clubhouse Intranet website, called "The Clubhouse Village." These materials may contain personal information including, but not limited to, first name, e-mail address, and photograph. "The Clubhouse Village" is password-protected, meaning only Clubhouse participants and staff have passwords and can look at the site. Also, under the supervision of the Clubhouse Coordinator, participants in the program may be invited to post content to the Internet. The Clubhouse staff educates young people about the dangers of posting personal information (such as last name, e-mail address, or photograph) on the Internet. The Clubhouse discourages children from posting personal information on the Internet but does not control all such content. It is necessary for each child's parents to instruct their child on the dangers of posting personal information on the Internet. To read the Village Privacy Policy please visit: http://clubhousevillage.org

How We Use the Information:
The Clubhouse uses the information collected to create a list of participants in the Program and how often they participate, and to allow participants to share the materials they create. The Clubhouse will not transfer or sell this information to any third party, except that the Clubhouse may share this information with the Cleveland Public Library. The Clubhouse will provide reasonable security for this information and will allow you the opportunity to review this information by contacting the Clubhouse staff.
The Internet offers a new world of experiences that can be educational, culturally enriching and rewarding. It can help increase school performance and future job potential. However, the Internet can also expose you to unsafe situations. As a Clubhouse Member, it is your responsibility to protect yourself and the reputation of The Clubhouse by using the Internet safely. The following guidelines are to help Clubhouse members, mentors, staff and parents explore the Internet safely.

- Do not give out personal information such as your home address, telephone number, relatives’ names, parents’ or guardians’ work address, name or location of your school, your picture or other private information. Do not ever provide your social security number or your parents’ credit card numbers over the Internet.

- It is okay to create an online nickname to protect yourself. It is okay to use your first name or a nickname and an email address to receive information but do this with caution. Beware of contests and surveys that may use your information for unauthorized purposes.

- On your own web page, follow the above guidelines. Use only your first name or a nickname. Any picture of yourself should be disguised in some way to protect your identity.

- When using your email account, please take responsibility to uphold the reputation of The Clubhouse which you represent. Use appropriate language, speak with respect, guard your personal information and remember that email is never really private. Only say things you would say to a group of people. Keep your password private. Do not use email for practical jokes or to carry on an angry conversation called “flaming”.

- Never agree to meet anyone in person whom you meet over the Internet. It is impossible to know who you are really talking to. If someone encourages you to meet them, tell a Clubhouse staff member.

- If you receive messages that are mean or make you feel uncomfortable, tell a Clubhouse staff member or mentor. It is not your fault if you get a message of this kind and you have no responsibility to answer. If in doubt, check it out with an adult.

- Remember that information on the Internet can be incorrect, misleading or inappropriate. Check more than one source and use your judgment.

- If using the Internet at home, make sure your parents or guardians are aware of your activities. Discuss the Clubhouse Internet Safety Guidelines with your parents or guardians. Share your experience with your parents and family to help them explore the Internet safely.

- Visit https://www.commonsensemedia.org/homepage for more information on using the Internet safely. To use this site, you will need to create a free account.
**Membership Information**

Name: ________________________________

Address: ________________________________

City/State/Zip: ________________________________

Telephone: ________________________________ Birth Date: ________________________________

Name of School: ________________________________ Grade: ________________________________

Primary Guardian Email Address: ________________________________

Name of Parent or Guardian: ________________________________

Relationship: ________________________________ Phone: ________________________________

**Permission:**
I give permission for ________________________________ to participate in the activities of The Clubhouse, which I acknowledge may include the use of potentially dangerous equipment including, without limitation, craft knives, 3D printers, and laser cutters and engravers. I give my consent to the Cleveland Public Library, The Clubhouse and its partners (including Best Buy, Intel and others) to use and publish, for any purpose whatsoever, photographs, films, tape and images taken of or created by him/her as a Clubhouse member. All materials become property of the Cleveland Public Library and its partners, Best Buy Teen Tech Center and The Clubhouse Network, and may be used for any purpose. I release and hold harmless the Cleveland Public Library, its officers, employees, and agents and its partners, Best Buy Teen Tech Center and The Clubhouse Network, from any and all claims for damages, costs, or expenses for personal injuries (including death), illness, or for damage or loss of personal property, occurring as a result of participation in the activities of The Clubhouse.

**Permission to Contact via Text and/or Social Media**

I give my permission to contact my child via text and/or social media messaging applications.

_________________________________________  ______________________________________
(Signature of Parent/Guardian)  (Date)
The Clubhouse Code of Conduct

The Clubhouse strives to provide a safe, comfortable atmosphere, in which members of the Clubhouse Community may explore their own creativity. To that end, the Clubhouse Council has developed this Code of Conduct. You are now asked to agree to the following:

1. All members of the Clubhouse Community are encouraged to explore their own creativity. I will help this happen by not doing anything to disrupt or discourage another's creative expression.
2. I know that the Clubhouse is everyone's space. If I choose to play music or sound files, I will play it so that it does not disturb others. In addition, I will not play any music containing profanity. I will also adhere to the Clubhouse Internet Safety Guidelines so that no one in the Clubhouse will be exposed to inappropriate material and/or people who wish to misuse the Internet (the Internet Safety Guidelines are on the other side of this paper).
3. In an attempt to make everyone feel comfortable in the Clubhouse, I will not use profanity and/or discriminatory language. In addition, I will not use language that purposefully offends another member of the Clubhouse.
4. In an effort to ensure the safety of everyone in the Clubhouse Community, I will not steal, pirate software, or engage in any other illegal activity, including possession and/or use of narcotics or weapons.
5. I realize that the Clubhouse is limited in resources and we are lucky to have all the equipment that we have. I will do my best to respect the Clubhouse space. I will not purposefully destroy or vandalize any property of the Clubhouse or of another Clubhouse Community member. I will also help to keep the Clubhouse clean by picking up after myself.
6. The Clubhouse is filled with different kinds of people from various backgrounds. I will help create a feeling of community by respecting everyone I come in contact with and treating them how I would want to be treated. Both physical and verbal fighting will not be tolerated. If I have a problem I can not solve peacefully myself, I will talk to a staff member and allow them to handle it.

If the code of conduct is broken, I will be subject to the following disciplinary action:

- For a minor infraction (cursing under my breath, rough-housing, not following staff instructions, etc.), I will be warned by a member of the staff. If I get warned three times in one day, I will be asked to leave and be suspended for one day. If this behavior becomes habitual, the staff will take appropriate action.
- For a major infraction (getting into a verbal altercation, vandalism, verbal abuse of another member, etc.), I will be asked to leave and be suspended for one week. If this behavior becomes habitual, the staff will take appropriate action.
- For engaging in physical violence and/or illegal activity -- as mentioned in number 4 -- in or near the Clubhouse, I will forfeit my membership.

If you violate the Code of Conduct and are subject to suspension, a member of the staff will sit down and discuss the situation with you before any disciplinary action is taken. You will be given an opportunity to explain your actions and advocate on your own behalf.

I have read, understand, and agree to adhere to this Code of Conduct.

(Signature)______________________________ (Date)______________________________