

Waltham Recreation Department

Teen Code of Conduct*

***Chill Zone, After Chill and Church Street Programming**

Note: Youth must have a parent/guardian present with them to sign up for a membership. You must also provide proof of residency and a birth certificate if your child is new to Waltham Recreation programs.

The Chill Zone has a ZERO TOLERANCE POLICY for:

Substance Abuse (consuming or possession of alcohol or drugs), Possession of weapons, Violence and Smoking.

In the event that a youth violates the Zero Tolerance Policy, immediate removal is required and parents/guardians will be notified.

Location

Chill Zone and After Chill will be using the following locations this school year: McKenna Field (10 Whitcomb Street), Waltham Recreation Department (510 Moody Street) and 14 Church Street. Please see seasonal brochures for details

Introduction:

The goal of the Chill Zone/After Chill is to provide opportunities for recreation and socialization to Waltham youth (in grades six through twelve during the 2020-2021 school year) in a safe and supervised environment.

Membership Information:

The Chill Zone/After Chill are free programs. Some programming may require a fee and/or pre-registration. All youth and their parents must complete a registration form **IN PERSON** and sign the Code of Conduct before they are allowed to participate. Membership paperwork must be completed once in Middle School and once in High School.

Permission to walk home cannot be changed unless a parent comes in person to the Chill Zone/After Chill office to do so. Note: If your child will be receiving medication during program hours, strict policies and procedures are in place relative to your authorization to administer medications by personnel. An "Authorization to Administer" form must be completed and medication must be brought with the youth on each visit, or left for the school year.

Contact Information

Questions, comments or concerns please contact Kathy Gross, Recreation Supervisor/Teen Coordinator, by email at kgross@city.waltham.ma.us. Please note that Kathy is generally not physically in her office during Chill Zone/After Chill hours. Email is the best way to communicate with Kathy other than in person.

Hours of Operation:

Please see seasonal Recreation Brochures for hours of operation. Available online at www.city.waltham.ma.us/recreation

Sign In/Sign Out Procedure:

Chill Zone/After Chill will no longer be issuing ID Cards. However, each youth must have their photo taken to be saved along with their registration. For the safety of everyone that participates in the Chill Zone, sign in and sign out are required. When entering and before participating in any activity; all youth must sign-in and sign-out. It is the responsibility of each participant to check in and out of the Chill Zone/After Chill. **Youth may only sign in once per day.** **There will be no entrance into the Chill Zone during the last hour of operation.**

Bikes/Scooters:

A bike rack is located on the Alder Street entrance to the building. Please remember to lock up your bikes. An area will be provided in/near our new "Skate n Scoot" room where participants may leave scooters, roller skates or roller blades. This area may not be supervised, and all items are still the responsibility of their owner.

Dress Code:

Appropriate dress is required at all times. Shoes must be worn at all times, unless a participant is utilizing the inflatable slide or bounce house. Please remove hoods when entering Chill Zone/After Chill.

Personal Belongings:

The Waltham Recreation Department staff is not responsible for lost or stolen property. Please do not bring any valuable items to the program. Cell phones are permitted.

Rules and Code of Conduct

RESPECT is our #1 rule. Respect yourself, others, staff, property and equipment at all times.

Additional Rules as follows:

- Use appropriate language
- Be responsible for your own actions and all belongings
- Stay in designated program area rooms ONLY.
- Come with a positive Attitude
- Come dressed to safely be active, your attire must be APPROPRIATE

There is a Zero Tolerance Policy for:

- Substance Abuse/Smoking
- Possession of Weapons
- Gambling
- Vandalism
- Violence
- Theft
- Bullying/Harassment
- Vulgar or disrespectful language/gestures
- Disrespect of staff or other youth
- Loitering outside of the building and on neighborhood property

In the event that a Youth violates the Zero Tolerance Policy, immediate removal is required and parents/guardians will be notified. Also, should a teen damage any Chill Zone property it will be my responsibility to replace the item and that it will be handled according to the “second incident” discipline plan policy on the previous page of this packet.

Discipline Plan

First incident: A written warning, parents will be notified and required to pick up the participant immediately. Example of first incidents: Disrespecting staff, others or property.

Second incident: A written warning will be documented and parents will be notified. Participant must be picked up by a parent/guardian immediately and will not be permitted back for the following three Chill Zone sessions. Participant and parents will also be reminded that the next incident is the last and final incident. Example of second incidents: Reason to believe a member is bullying, stealing or damaging city, staff or other program participant’s property.

Third and Final Incident : Parents/guardians will be notified and asked to pick-up participant immediately. Youth are not able to return until Program Supervisor and Parents meet to discuss a behavior plan and course of action. ***SAFETY is our number one PRIORITY.*** Examples of third incidents: Stealing, bullying, damaging City property or disrespecting staff witnessed by a Staff member or surveillance cameras, or any more serious offense, as listed in the “Zero Tolerance Policy.”

Please note: Any virtual communications (i.e facebook posts, emails, tweets, instagram, snap chat etc.) with or about The Chill Zone and it’s staff members follow the same rules and regulations as if the participant were physically in Chill Zone. Therefore, the below discipline plan would be enforced for any inappropriate behavior in virtual forums.

Waltham Recreation Department Teen Membership Forms

Agreement/Permission

Please read and sign below:

I have received and read a copy of the Chill Zone/After Chill Code of Conduct and I understand the consequences of not abiding by it. I understand the expectations of myself/my child. I understand that myself/my child will be asked to leave if not following Rules and Regulations.

Parent Signature: _____ Participant Signature: _____

Dismissal from the Chill Zone/After Chill

All youth are permitted to be signed out of the Chill Zone/After Chill by a parent/guardian, adult family member or a friend's parent. If there is someone who should NOT pick up your child, please list here: _____. If your child is permitted to dismiss themselves, please sign below.

UNSUPERVISED DISMISSAL PERMISSION

Parent Signature: _____ Date: _____

By signing the "Unsupervised Dismissal" section of this form you are agreeing to let your child leave the Chill Zone/After Chill on their own and are releasing all liability from the Waltham Recreation Department once your child has left the Chill Zone/After Chill. They may dismiss themselves during the day at any point they desire.

WALTHAM RECREATION DEPARTMENT WAIVER, CONSENT AND RELEASE (OF MINOR/CHILD)

I/We, the undersigned _____ of _____
(Insert legal relationship to participant, e.g. "parent", "guardian") (insert name of participant) ("my child")

a minor, do hereby consent to my child's participation in voluntary athletic or recreation programs for the City of Waltham's programs.

I/We also agree to forever waive and release the City of Waltham and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Waltham ("the Releasees") of and from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs.

I/We, for our heirs, successors or assigns also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, are or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the City of Waltham's voluntary athletic or recreation programs.

I/We further affirm that I/we have read this Waiver, Consent and Release Form and that I/We understand the contents of this Form. I/We understand that my child's participation in these programs is voluntary and that my child and I/we are free to choose not to participate in said programs. By signing this Form, I/we affirm that I/we have decided to allow my child to participate in the City of Waltham's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage to my child or I/we may suffer in voluntary City of Waltham's athletic or recreation programs. I/We understand this is a binding legal document waiving and releasing actual and potential claims and that I/we have had the opportunity to obtain legal advice if I/we choose.

The Recreation Department reserves the right to photograph and film program participants for publicity purposes. Images/video may be used for program flyers, Newsprint, City of Waltham website or social media. The participants or the participant's family will not receive any compensation for any use of the photographs, videos or images which may be taken by the Department.

If for any reason you do not want photographs or video taken of yourself or your child, please notify the Recreation Department of your request, in writing, at the time of registration.

I/We represent and warrant that I/we have the authority and capacity to sign this Waiver and Release.

Participant's Name	Date
Parent/Legal Guardian Signature	Date
Witness Signature (Office Staff)	Date

PLEASE PRINT CLEARLY WITH A BLACK OR BLUE PEN

WALTHAM RECREATION DEPARTMENT

2020 FALL SEASON

Participant's Name: _____

Address: _____ Zip: _____

Primary Phone # in the event of EMERGENCY or PROGRAM CHANGES: _____

Is participant a Waltham Resident: _____ Circle: Yes No D.O.B.: _____

Age: _____ Grade: _____ Circle: Male Female School: _____

Parent/Guardian #1: _____ Relation: _____ D.O.B.: _____

Cell Phone: _____ Home Phone: _____

Business Phone: _____ Email Address: _____

Parent/Guardian #2: _____ Relation: _____ D.O.B.: _____

Cell Phone: _____ Home Phone: _____

Business Phone: _____ Email Address: _____

If parents/guardians are not available in an emergency, notify person below (List Relative/Friend - other than parents)

Name: _____ Home/Work Phone: _____

ALLERGIES - MEDICATIONS - SPECIAL ACCOMMODATIONS

Please Circle

Does participant have any allergies (medications, environmental and/or food)? Yes No

Does participant currently take any medication and/or will take during a program? Yes No

Does participant need extra help or attention in any area? Yes No

Are there behavior or special needs that may need to be addressed? Yes No

If you answered yes to any of these questions, complete the section below.

Allergies - medications, environmental and/or food: _____

Medications taken at home: _____

Medications that will be taken/needed at the program (list dosage and times): _____

Please note: If your child will be taking any medication during a program, an "Authorization to Administer Medication" form must be completed. The form must be updated each season.

The form is available at the Recreation office or on the city's web page - www.city.waltham.ma.us

Please list any special arrangements or accommodations needed for your child, while attending the program: _____