



# ALSO YOUTH REGISTRATION

**MISSION:** Empowering LGBTQ+ youth and their allies and creating inclusive communities.

**NAME:** (Please print) \_\_\_\_\_ **PRONOUNS:** \_\_\_\_\_

**Legal Name** (for emergency purposes only) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **Add to mailing list? Yes / No**

**PHONE #:** \_\_\_\_\_ **May we text you? Yes / No**

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GENDER IDENTIFICATION** \_\_\_\_\_

**SEXUAL ORIENTATION (only if you are comfortable):** \_\_\_\_\_

**RACE/ ETHNICITY:** \_\_\_\_\_

**SCHOOL/ EMPLOYER:** \_\_\_\_\_

**How did you hear about ALSO Youth?** \_\_\_\_\_

**Do you have any allergies we should be aware of (especially food allergies)?** \_\_\_\_\_

**Do you carry an Epi-pen? Yes / No**

## **DROP IN CENTER RULES**

- \*All youth must complete an ALSO Registration form. This information is kept confidential.
- \*All youth must sign in at every visit. We ask for first name and last initial, but initials are acceptable.
- \* Smoking, of any sort, is not permitted inside or directly outside the center. This includes vaping.
- \* Being under the influence of, possessing, or using alcohol or illegal drugs is not permitted at ALSO.
- \* Respect for the center and its property, other youth, and staff is essential. This includes respectful language, boundaries, and following instructions from staff.
- \* No weapons are permitted in the center.
- \* Sexually inappropriate behavior is not permitted at the Center, on ALSO field trips, or at ALSO functions.
- \*Youth must make their arrangements for transportation to and from the Center. ALSO does not provide transportation.

\* Information shared in ALSO support groups **must** be kept confidential. The only exception is youth threatening to hurt themselves or others may be reported. \* Fighting, harassment, threats or any other forms of intimidation will not be tolerated. Such behavior may result in youth being asked to leave.

\* One youth at a time may use the bathroom and there is no loitering in the back hallway.

\* Computer use may be monitored by staff for appropriate content. Speak with staff before downloading programs and materials to ALSO computers.

**Staff discretion will determine if a youth is asked to leave or parental contact is established.**

**I agree to abide by these rules:**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**If under 13 years old:**

\_\_\_\_\_

**Parent Signature**

\_\_\_\_\_

**Date**

**First Emergency Contact Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*What Name and/or Pronoun should we use to refer to you with your emergency contact?**

\_\_\_\_\_

**Second Emergency Contact Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**\*What Name and/or Pronoun should we use to refer to you with your emergency contact?**

\_\_\_\_\_