



ALSO Youth

ADVOCACY · LEADERSHIP · SUPPORT · OUTREACH

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?**
