

**PACIFIC GROVE RECREATION DEPARTMENT  
YOUTH CENTER GUIDELINES**



**General Policies**

1. No disrespectful or rude behavior toward staff, volunteers, or peers.
2. **No In or Out Privilege** for Middle Schoolers!
3. No weapons, drugs, or tobacco.
4. No fighting or 'rough housing'.
5. No use of foul language. (If you can't say it in school, you can't say it here either!)
6. No vandalism and/or destruction of property. Students will be held liable for all charges incurred to replace, repair, or clean premises. Permanent suspension will be effective until payment is made.
7. Obey all requests from Staff and all posted rules and regulations for the facility.

**Consequences**

1. If you break any of the above Rules, a time-out and a call to your parents may be in order.
2. After repeated discipline, a suspension may be required!
3. After a Suspension, a conference with your parent/guardian will be necessary to determine if you will have the privilege of coming to the Youth Center in the future.

**Agreement**

**I realize that it is a privilege to attend the Pacific Grove Youth Center!**

I have read and understand the policies and consequences of the Pacific Grove Youth Center.

I understand that I am responsible for my behavior and my actions.

I therefore agree and accept these rules and conditions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARD NO.** \_\_\_\_\_

For City Use Only!



**PACIFIC GROVE YOUTH CENTER  
302 - 16<sup>TH</sup> STREET  
PACIFIC GROVE, CALIFORNIA 93950  
(831) 648-3134**



All applicants must be in or entering, grades 6-12 and reside within the Pacific Grove Unified School District boundaries.

**Membership Application:**

Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

**Name of Parents/Guardians:**

**Day Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

In the event of an emergency and we are unable to reach a parent/guardian, please list two emergency contacts.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

