



Become a Youth UpRising Member!

Free Membership & Opportunities! Be About It.

Name: _____ Date: _____ Age: _____

Only Requirements:

- You must live in Alameda County, and
- Be between the ages of 13-24 years old
- Attend a Youth UpRising Orientation

Orientations are held at Youth UpRising on the following days and times:

Mondays @ 4:00pm Tuesdays @ 4:00pm Wednesdays @ 3:00pm Thursday s @ 4:00pm

How to Become a Member:

- Complete the attached **APPLICATION**
- Provide **PROOF OF YOUR AGE & ADDRESS**

Examples of proof of age and address:

- **School ID** (with date of birth)
- **Birth Certificate** (with a photo ID)
- **CA ID or CA Drivers License**
(Any combination of docs that show your birthday, address & photo)

NOTE: Application must be **FULLY COMPLETED**

FOR OFFICE USE ONLY:

NOTE: By signing this portion of the application you are verifying that it is complete with no missing information.

YU Employee _____ Date _____

Case Manager _____ Date _____



The House Rules

This is **YOUR** house, In the middle of **YOUR** streets, **YOUR** block, **YOUR** people. **YOU**.

1. RESPECT.

Respect This Space. Respect The Folks in It. Respect Yourself.

(Because they're your folks, know it or not)

What that Looks Like:

- **No stealing or vandalism of property** (Would you do it to your own house?)
- **Respect the equipment** (No food around the equipment.)
- **Respect staff** (They are working for you, trust.)
- **Clean up after yourself**
- **No foul language** (Cussing, disrespectful language - we GOT to clean that up here for our own growth, trust in this.)
- **No harassment of any kind** (Teasing, inappropriate remarks, etc.)
- **No slurs of any kind** (Racist, sexist, or homophobic)—N's and B's do NOT exist here: We brothas and sistas here.
- **No violence of any kind** (this **MUST** be a safe place for **EVERYBODY**.)

2. **No food or drink** past the front desk.

3. **No forgetting** your membership card!

(We need to scan attendance **EVERYDAY**. This is **MANDATORY**.)

4. **No sex** or inappropriate touching (**NO CUPCAKING!**)

5. **No gambling** (No dice, cards, betting, etc.).

6. **No drugs, no alcohol, no smoking.**

7. **No weapons** (From guns to shoes, if used harmfully.)

8. **This is a NEUTRAL SPACE** (No gang association or activity of any kind.)

9. **No HATING.** This is a positive space.

(From "You ain't nothin'" to "I'mma kill you"—**none of that**.)



The House Rules

This is YOUR house, In the middle of YOUR streets, YOUR block, YOUR people. YOU.

DO's . . .

- Actively participate
- Have fun
- Be open to new things and people
- Take ownership of and respect this space
- Become a leader in our community
- Positively express yourself
- Be creative
- Be helpful

If you break any of these rules, PLEASE BELIEVE that there will be consequences to pay, it's only right:

1st

Verbal Warning – Staff or Security will warn you of your offense, slight possibility of a few push-ups /sit-ups (You think we joking?)

2nd

One-on-One with Staff – Staff or Security will talk to you in private to discuss the situation, as conscious-thinking adults, and come up with solutions.

3rd

Temporary Suspension/Referral – Depending on the situation, if you're a minor your parent/guardian may be asked to have a meeting with staff or security to discuss the situation (you really want to bring the grown folks into this?)

4th

Temporary Suspension with Conditions – Depending on the situation, you may be suspended and have to fulfill certain requirements (i.e. do a thesis, make apologies, mow our lawn, etc.) before returning to the center.

5th

Indefinite Dismissal – Now this is for something REAL serious. Depending on the situation, you may be suspended from Youth UpRising permanently. In this case, staff and security will discuss this with you and possibly your parent/guardian. **Don't ever make it this bad. This is your house. Why would you do that?**

I have read and understand Youth UpRising House Rules. I will do my best to uphold them to make this a safe and respectful place for everyone.

Name (Printed)

Name (Signature)

Date



YU Application & Demographic Form

First Name: _____ Last Name: _____

Preferred Name: _____ Gender: Male Female Transgender

Date of Birth: _____ / _____ / _____ Primary Language Spoken at Home: _____

Primary Race/Ethnicity: (select one)

- African American Asian Caucasian Hawaiian/Pacific Islander Hispanic
 Native American Other _____

Secondary Race/Ethnicity: (select one)

- African American Asian Caucasian Hawaiian/Pacific Islander Hispanic
 Native American Other _____ None

Address: _____
Street City Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

How did you hear about/were you referred to YU? (Check all that apply)

- Outreach Staff YU Member/Friend Community Organization School

- Community Service Friends Other _____

- Probation/Parole Officer Name (if applicable): _____

Please explain the circumstances of your referral:

What is your connection to East Oakland? (Check all that apply)

- Work School I/My family Lives in EO I used to live in EO

- Other _____ None



YOUTH UPRISING Emergency Form

8711 MacArthur Blvd. Oakland, CA 94605 510.777.9909 510.777.9949 Fax

Member Name _____ Age _____

Emergency Contact persons (Please give at least TWO contacts with their complete info):

Full Name	Relation	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

AND...If under 18:

Parent/Guardian's Name _____ Relation _____

Address _____ City _____ Zip _____

Home phone _____ Work phone _____

Cell phone _____ Email _____



YOUTH UPRISING Consent Form

8711 MacArthur Blvd. Oakland, CA 94605 510.777.9909 510.777.9949 Fax

I give my (my child) permission to participate in programming at Youth UpRising youth center at 8711 MacArthur Blvd. I understand the programs and services offered at Youth UpRising as well as the mission and vision of the center.

I (my child) have read the expectations and house rules of Youth UpRising and I understand that membership to the center is conditional. If I (my child) do not abide by the rules, a conference will be held with a staff member and ultimately I (my child) may be dismissed from the center indefinitely. YU Members are not to bring anything illegal to the center including weapons of any kind or drugs and alcohol.

There is no membership fee and Members will not be expected to pay to enter except for the \$2 lost card fee if a Member loses their membership card. All of the programs are free of any charge, however some programs or services may require Members to purchase materials or may charge a fee for participation in their specific program.

Youth UpRising is not responsible or liable for the following:

- The loss or theft of any valuables Members bring to the center
- Injuries caused by altercations at Youth UpRising
- Any unforeseen accidents that happen at Youth UpRising

I understand the importance of using images and sound recordings of Youth UpRising activities in printed materials, Youth UpRising websites, videos, film, and television broadcasts. Therefore, I give permission for Youth UpRising and their program affiliates to use photographs, video recordings, and voice recordings of me and any children ages seventeen (17) and under for whom I have legal guardianship. This consent includes the storage, retrieval, and reproduction of information or images. Photographs, videos, audio recordings and the tapes, negatives, and digital media from which images and sound recordings are made, shall be the property of Youth UpRising, which shall have the right to publish, reproduce, distribute, and make other uses free of all claims on my part.

Youth UpRising has permission to administer emergency CPR or first aid by a certified employee. If professional medical care is required and I cannot be contacted, I give permission for Youth UpRising staff to seek medical professionals to administer care. I also give permission, if I cannot be reached in the event of a medical emergency, to the medical staff at the health center to provide me (my child) with medical services.

Youth UpRising offers a range of mental health services free of charge to our members. It is our responsibility to inform you that these services are totally voluntary and confidential with the following exceptions: when a member is a danger to themselves or another person and when child abuse or elder or dependent adult abuse is suspected. Staff is available to discuss any questions you have regarding consent and confidentiality

By signing this form, I understand and accept these conditions.

Member Name _____ **Member Signature** _____

If under 18:

Parent Name _____ **Parent Signature** _____



478 Santa Clara Ave, Suite 200, Oakland, CA 94610 510.444.8729 510.444.1777

**AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR UPAYA'S
HOLISTIC NEEDS-BASED CLINIC at YOUTH UPRISING**

I, _____, hereby agree to the following:

1. I am participating in the Holistic Health Programs, Holistic Health Services, Yoga Classes or workshops offered by the Upaya Center for Wellbeing and/or Dr.'s Eileen Karpfinger and Aaron Rosselle (during which I may receive holistic health information, assessment, instruction or treatment). In Youth UpRising Physical Arts programming, I may take a youth yoga class in which I recognize that yoga requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the Yoga Classes, Holistic Health Programs, Holistic Health Services, or Workshops that Upaya will offer through its Holistic Needs Based Clinic at Youth UpRising. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Yoga Classes or Holistic Health Services at Youth UpRising.
3. In consideration of being permitted to participate in the Yoga Classes, Health Programs, Health Services, or Workshops, I knowingly, voluntarily, and expressly waive any claim I may have against Dr.'s Eileen Karpfinger and Aaron Rosselle or Upaya Center for Wellbeing for injury or damages that I may sustain as a result of participating in the programs offered at Youth UpRising.
4. I, my heirs, or legal representatives forever release, waive, discharge and covenant not to sue Upaya Center for Wellbeing and/or Dr.'s Eileen Karpfinger and Aaron Rosselle for any injury or death caused by their negligence or other acts.

Name of participant _____ **Date** _____

Signature of participant _____ **Date** _____

Phone # of participant _____ **Email of participant (optional)** _____

If participant is under 18:

As legal guardian of _____, I consent to the above terms/conditions.

Printed name of parents/guardian of participant _____ **Date** _____

Signature of parents/guardian of participant _____ **Date** _____