

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

THE ONLY WAY TO REALLY ACCESS WHAT LIES BEHIND THESE GATES ...

## **BECOME A YOUTH UPRISING MEMBER!**

**Fr e E MEMBERSHIP  
AND OPPORTUNITIES!  
B E A B O U T I T .**

### **oNly R e q U i R E m E n T S:**

- ❖ You must live in *Alameda County* and
- ❖ Be between the ages of *13-24 years old*

### **HOW TO BECOME A MEMBER:**

**1. Complete the attached APPLICATION**

**2. Provide PROOF OF YOUR AGE  
(must be between 13-24 years old)**

Examples of proof of age:

- School schedule
- School ID
- Birth Certificate
- Driver License
- ID Card
- Any document that shows your birthday, age, or grade in school

**3. Attend a Youth UpRising ORIENTATION**

**\*NOTE: MUST FULLY COMPLETE THE A\*P\*P\*L\*I\*C\*A\*T\*I\*O\*N AND  
HAVE P\*R\*O\*O\*F OF A\*G\*E READY AT THE ORIENTATION!**

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

- Tuesday-Thursday @ 3pm
- **NO ORIENTATION ON MONDAYS/FRIDAYS!**

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**FOR OFFICE USE ONLY:**

**oRienTation**

\_\_\_\_\_ Date

\_\_\_\_\_ RUT signature

**COMPLETE**

**INCOMPLETE (notes)**

**CASE MANAGEMENT? Yes / No**

# **THE HOUSE RULES**

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

## **1. RESPECT.**

**RESPECT THIS SPACE . RESPECT THE FOLKS IN IT . RESPECT YOURSELF.**

(BECAUSE THEY YOUR FOLKS, KNOW IT OR NOT)

### **WHAT THAT LOOK 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 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)
- 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 HAS to be a safe place for EVERYBODY.)

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

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

(We need to scan attendance EVERYDAY for city reports. This is MANDATORY.)

**4. No sex or inappropriate touching**

(NO CUPCAKING! - Sounds like we doing too much, but we got STRONG reasons for that. Swear.)

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

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

**7. No weapons** (From guns to shoes, saying, 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.)

### **D O ’ s . . .**

*Actively participate* · **Have fun** · *Be open to new things and people*  
*Be Helpful* · Take ownership of and respect this space · **Become a leader in our**  
**community** · **positively express yourself** · *Be Creative*

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

**1<sup>ST</sup> – Verbal Warning** – Staff or Security will warn you of your offense (slight possibility of a few pushups/situps ((you think we joking)), etc.,)

**2<sup>nd</sup> – 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.

**3<sup>rd</sup> – Temporary Suspension/Referral** – Depending on the situation, 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?).

**4<sup>th</sup> – Temporary Suspension with conditions** – Depending on the situation, you may be suspended and have to fulfill certain requirements (eg. do a thesis, make apologies, mow our lawn, etc.,) before returning to the center.

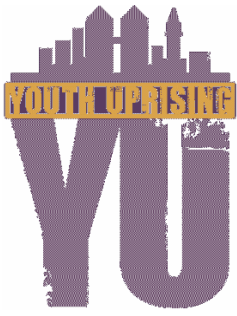
**5<sup>th</sup> – Indefinite Dismissal** – Now this is for something REAL serious. Depending on the situation, you may be suspended from Youth UpRising permanently. In this case, staff and security will discuss this with your parent/guardian. Don’t ever make it this bad. This your house. Why would you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



Make it official! Now you can legitimately cross the gates of YU, have access to all the opportunities here and BE about it! PLEASE PRINT CLEARLY and fill this out COMPLETELY! Turn this into the front desk with your ID, have them process it, and then attend an Orientation, and then you'll get your official YU membership card, that you will need to bring EVERYDAY to access the center! BE about it!

### Youth UpRising Membership Application

8711 MacArthur Blvd. Oakland, CA 94605\* 510.777.9909/510.777.9949 Fax

Are you:  18 & over  under 18 (please check one)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birthday: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

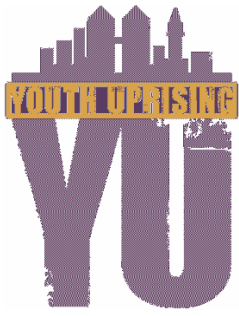
MySpace/Email Address: \_\_\_\_\_

1. What is your race/ethnicity? \_\_\_\_\_
2. Gender: Male / Female / Transgender (please circle one)
3. Are you currently enrolled in *middle school / high school / college / not in school?* (please **circle one** above and indicate, if applicable: **WHICH** school?: \_\_\_\_\_ what **GRADE** you are in: \_\_\_\_\_ or **WHEN** you graduated from high school: \_\_\_\_\_)
4. Please circle the following:
 

	<b>Great</b>		<b>Ok</b>		<b>Sucks</b>
How is your housing situation?	5	4	3	2	1
How is your money situation?	5	4	3	2	1
5. When was the last time you saw a doctor? \_\_\_\_\_ Where? \_\_\_\_\_
6. How did you find out about Youth UpRising? \_\_\_\_\_
7. Would you be interested in talking to someone about things your are worried, sad, or angry about?  
\_\_\_\_\_

Please put a check next to the programs that you are interested in (2 minimum):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> <b>Music Production</b>              | <input type="checkbox"/> <b>Graphic Design</b>                              | <input type="checkbox"/> <b>Meditation/Yoga</b>                    |
| <input type="checkbox"/> <b>Film Production</b>               | <input type="checkbox"/> <b>Computer Lab</b>                                | <input type="checkbox"/> <b>Mentorship/Case Management</b>         |
| <input type="checkbox"/> <b>Radio Production</b>              | <input type="checkbox"/> <b>YU Live Band</b>                                | <input type="checkbox"/> <b>GED/Diploma Course</b>                 |
| <input type="checkbox"/> <b>Modeling</b>                      | <input type="checkbox"/> <b>Job Placement Programs</b>                      | <input type="checkbox"/> <b>Getting into College</b>               |
| <input type="checkbox"/> <b>Art</b>                           | <input type="checkbox"/> <b>Young Men/Women of Oakland Reflection Group</b> | <input type="checkbox"/> <b>Tutoring</b>                           |
| <input type="checkbox"/> <b>Dance</b>                         | <input type="checkbox"/> <b>Peer Health Education</b>                       | <input type="checkbox"/> <b>Entrepreneurship</b>                   |
| <input type="checkbox"/> <b>Martial Arts</b>                  | <input type="checkbox"/> <b>Medical Services</b>                            | <input type="checkbox"/> <b>Applying for Grants! (Free \$\$\$)</b> |
| <input type="checkbox"/> <b>Acting/Theatre</b>                | <input type="checkbox"/> <b>Mental Health, Therapy, Support Groups</b>      | <input type="checkbox"/> <b>Political Education</b>                |
| <input type="checkbox"/> <b>Lyrical Writing, Poetry, etc.</b> | <input type="checkbox"/> <b>Chiropractic, Acupuncture, Massage, etc.</b>    | <input type="checkbox"/> <b>Free Legal Clinic</b>                  |



## **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*):

<i>Full Name</i>	<i>Relation</i>	<i>Phone</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

***AND...If under 18:***

Parent/Guardian's Name \_\_\_\_\_ Relation: \_\_\_\_\_

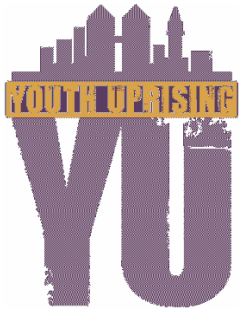
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

### Medical Information

Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_



## **YOUTH UPRISING Consent Form**

8711 MacArthur Blvd. Oakland, CA 94605\* 510.777.9909/510.777.9949 Fax

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

My child has read the expectations and house rules of Youth UpRising and I understand that membership to the center is conditional. If my child does not abide by the rules I may need to have a conference with my child and a staff member and ultimately my child may be dismissed from the center indefinitely. My child is not to bring anything illegal to the center including weapons of any kind or drugs.

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

Youth UpRising is not responsible or liable for the following:

- for the loss or theft of any valuables my child brings to the center
- injuries caused by altercations at Youth UpRising
- any unforeseen accidents that happen at Youth UpRising

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 on my child. 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 medical services to my child. I understand and accept these conditions.

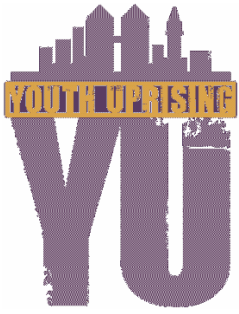
Member Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_

**If under 18;** Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

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. I understand and accept these conditions.

Member Name: \_\_\_\_\_ Member Signature: \_\_\_\_\_

**If under 18;** Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FOR:  
**UPAYA’S HOLISTIC NEEDS BASED CLINIC @ YOUTH UPRISING**

I, \_\_\_\_\_, hereby agree to the following:

1. That 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 Karpfingler & 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 & may cause physical injury, & I am fully aware of the risks & 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 it’s Holistic Needs Based Clinic @ 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 @ 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 Karpfingler & 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 Karpfingler & Aaron Rosselle for any injury or death caused by their negligence or other acts.

\_\_\_\_\_  
Name of participant \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of participant \_\_\_\_\_ Date

\_\_\_\_\_  
Phone and/or email of participant

**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