



## **Youth Innovation Center Registration Form**

### **Welcome to the Youth Innovation Center!**

We are thrilled to welcome you to the Youth Innovation Center, a unique space designed to inspire and empower young people. At Making Opportunity Count, our mission is to create a dynamic makerspace where youth can connect with technology and resources that spark curiosity, develop essential skills for the 21st-century workforce, and feel empowered to address and interrupt injustices in their own lives and communities.

### **A Different Kind of Youth Space:**

This center is truly a place for youth, by youth. Our youth founders, aged 16-21, have been at the forefront of this project, shaping the interior space, programs, activities, and events to ensure they meet the needs and interests of their peers. This collaborative effort ensures that the Youth Innovation Center is a welcoming and supportive environment where young people can come together, learn about themselves, and envision their futures.

### **Empowerment & Innovation:**

At the core of the Youth Innovation Center are empowerment and innovation. We aim to provide more than just basic programming; we strive to offer real opportunities to historically marginalized populations, including the 52% of Fitchburg's teens who identify as People of Color. By putting cutting-edge resources and opportunities in your hands, we hope to help you build a brighter, more equitable future.

### **Our Vision:**

*"My hope is that the youth center becomes a place for youth to come together and learn about themselves and what they want for their futures." - Angelica Santiago, youth founder*

We are excited to have you join us and look forward to seeing the incredible things you will achieve at the Youth Innovation Center. Together, we can create a community where every young person feels empowered and prepared to lead positive change.

### **Welcome aboard!**

Warm regards,

Youth Innovation Center Team



### Rules and Policies

1. **Be Respectful to Your Peers:** Every member of the Youth Innovation Center deserves respect and understanding. Give your peers their personal space, respect their privacy and do your best not to make them uncomfortable. When it comes to their art – do not criticize or judge them or their process. Respect the efforts that they make and what their art means to them.
2. **Be Respectful to the Center:** The rooms and equipment of the Youth Innovation Center must be respected too. Clean up after yourself, making sure you don't leave a mess for your peers or the staff. Don't use equipment improperly or in a way that could break it. Leave equipment where it belongs and do not take it from there without permission. Do not bring anything into the space that could harm yourself, someone else or the center. [OO]
3. **Don't Settle Issues Yourself:** If a problem arises between you and another member, seek out a staff member. Do not take things into your own hands or start a confrontation. Allow the staff to take care of the issue using our policies.

### Youth Innovation Center Contacts

**Susan Lê**, Youth Innovation Center Program Manager

**T:** 978-878-3014

**E:** [sle@mocinc.org](mailto:sle@mocinc.org)

**Charles Barbera**, Youth Innovation Center Asst. Program Manager

**T:** 978-785-5047

**E:** [cbarbera@mocinc.org](mailto:cbarbera@mocinc.org)

**Shana Fitz**, Director of Youth Programming

**T:** (978) 516-5055

**E:** [sfitz@mocinc.org](mailto:sfitz@mocinc.org)

**YIC Phone Number:** (978) 516-5055



## Emergency Contact and Special Situations Form

### Personal Information

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

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contacts

#### **Primary Contact:**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### **Secondary Contact**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Medical Information**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_



**Making Opportunity Count – Risk Assessment Request Form**

Dear Parent:

Our Organization MOC (Making Opportunity Count) wants to ask your child some questions to get to know him/her better so that we can do a better job serving him/her as part of a Shannon Community Safety Initiative Program. The questions ask about their neighborhood, school, family, friends, and his/her behavior. The results are completely confidential.

Your child's participation in this interview is voluntary. Your child does not have to answer questions that make him/her feel uncomfortable. He/she can stop the interview at any time. Your child will benefit from answering the questions because we will get a better idea about what he or she needs to succeed.

If you have any questions, please contact Shana Fitz, Director of Youth Services at (978) 516-5055.

*I have read and understand the above explanation of the interview. I hereby GIVE my PERMISSION for my child to participate. Please sign and return.*

*If for any reason you DO NOT wish for your son/daughter to participate in the survey, please sign and return.*

Child's Name: (Please print) \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: (Please Print) \_\_\_\_\_

## Special Situations

To ensure your safety and well-being, please provide any relevant information about special situations, such as restraining orders or other legal protections. If you do not feel comfortable with this information being on paper, feel free to reach out to the YIC program manager, Susan Le (contact info below). All information will be kept confidential.

### Restraining Orders or Legal Protections:

**Are there any restraining orders or legal protections in place that we should be aware of?**

Yes                      No

**If yes, please provide the following details**

Name of the individual the order is against: \_\_\_\_\_

Description of the individual (if applicable): \_\_\_\_\_

\_\_\_\_\_

Specific instructions or precautions: \_\_\_\_\_

\_\_\_\_\_

### **Additional Information:**

**Is there any other information we should be aware of to ensure your safety and well-being?**

\_\_\_\_\_

\_\_\_\_\_

### **Confidentiality Notice:**

All information on this form will be kept confidential and used solely to ensure the safety and well-being of you and your family.

### **Point of Contact:**

If you need to discuss your situation in more detail or have any concerns, please contact the YIC Program Manager, Susan Lê, at 978-878-3014 or sle@mocinc.org.

\_\_\_\_\_  
**Signature of the individual filling out the form**

\_\_\_\_\_  
**Date**



**Transportation Form**

*(For parents of participants under 18)*

By signing below, you are hereby giving permission for your child/children to be unaccompanied when arriving and leaving the Youth Innovation Center located at 18 Fairmount St., Fitchburg MA. This program is a drop-in center, where members can attend at their own convenience. There will be a sign in/out process at the Center for participants to sign when arriving at the center and when leaving. This will assist us with being responsible for members while they are attending the center.

**Please remember the center is only open during certain hours on Monday-Friday, and all participants must be picked up before the center closes.**

**I give permission for my child, \_\_\_\_\_, to be unaccompanied when arriving and leaving the Youth Innovation Center located at 18 Fairmount St., Fitchburg MA.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Minor Photo/Video Release Form**

Making Opportunity Count, Inc (MOC) engages with clients, volunteers, community partners and staff through a number of services, events and activities that happen every day. The work we do is often shared on a number of internal and public-facing platforms including, but not limited to, print and electronic news and media, social media platforms, the MOC website, annual reports and various newsletters.

**Please read this release form carefully and in its entirety. IT IS A LEGALLY BINDING DOCUMENT.**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (“my child”), a participant in the program or activities of Making Opportunity Count, Inc. (“Program”).

In consideration of the participation of my child in the Program, I, on behalf of myself and my minor child, hereby consent to the recording, publication and use of my and/or my child’s name and/or likeness (“Likeness”) for advertising, publicity, commercial, marketing, or other business purposes by Making Opportunity Count, Inc. and its successors and assigns (collectively, the “Agency”) or any other representative authorized to act on behalf of the Agency. Likeness shall include, but not be limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible or intangible work in any media or format, now known or hereafter to become known, and/or reproductions of any of these. I agree that the actual material involved is and shall continue to be the property of the Agency and that neither I, nor my child, shall have any right of notice, review or approval regarding the use of my and/or my child’s name and/or Likeness in such material.

I, on behalf of myself and my minor child, hereby release and hold harmless the Agency, and any of its associated or affiliated companies or organizations, and their respective members, directors, officers, agents and employees, and the Agency’s appointed advertising or marketing agencies, and their respective directors, officers, agents and employees, from all claims of every kind on account of the recording, publication and use described herein.

I understand and agree that neither I, nor my child, will be compensated in any way for the use of my and/or my child’s name and/or Likeness by the Agency.

**Parent or Legal Guardian Name (print):** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_

**Child’s Name (print):** \_\_\_\_\_

**Date:** \_\_\_\_\_



### Waiver of Liability

As a member at the Youth Innovation Center, I, \_\_\_\_\_ (YIC Participant), hereby agree to the terms of this Waiver of Liability. This waiver is in force for the entire duration of my registration.

I understand and acknowledge that there is no guarantee that this program is free of risk of personal injury or property damage or loss. I agree to abide by all applicable Program policies and understand that MOC and/or the Program Staff has the right to exclude me from the program if I become disruptive to an extent that is a detriment to the enjoyment of these premises by other program participants, visitors to the program, program staff, volunteers and interns.

I understand and acknowledge that to participate in this program I agree to assume all liability and responsibility for all potential risks, injuries, or even death that may be associated with my participation in this program.

I understand that I am financially responsible to the Youth Innovation Center for any damage or destruction by myself while I am in the Youth Innovation Center.

I understand, acknowledge, and agree that Youth Innovation Center Program Managers, Peer Mentors, staff, volunteers, interns, and any representatives of the above shall not be liable for any injury, illness, damage to or loss of property suffered by me which is incident to and/or associated with preparation for and participation at the Youth Innovation Center.

I hereby release, discharge, indemnify, and agree to hold harmless all parties mentioned above free from all liability arising out of or in connection with my participation in this program. For purposes of this Waiver, liability means all claims, demands, losses, causes of action, suits, or judgments of any kind that may originate from any guardians, heirs, executors, administrators, and assigns against all parties mentioned above because of my personal, physical, or emotional injury, accident, illness, or death, or because of any loss or damage to property that occurs to me or my property during my participation that may result from any cause including but not limited to all parties mentioned above own passive or active negligence or other acts from fraud, willful misconduct, or violation of the law.

(Please sign on the back page)

Youth Name: \_\_\_\_\_

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

**(IF PARTICIPANT IS UNDER 18)**

\_\_\_\_\_ (Parent/Guardian Initial) I Acknowledge that I have carefully read this release of liability. I understand the potential dangers and waiving certain rights and assuming the risk of damage from my child's participation.

\_\_\_\_\_

Signature (Parent/Guardian)

\_\_\_\_\_

Date



### Youth Innovation Center Registration Agreement

By registering as a member of the Youth Innovation Center, I acknowledge that I have full access to the facilities during opening hours, provided I have received adequate training in the use of any equipment. I agree to conduct myself responsibly and respectfully while at the center.

I understand that any inappropriate behavior or actions that cause disruption or harm to the center or its members will result in my being asked to leave. Such behavior may jeopardize my future access to the center.

I am aware that staff members are available to assist me with any issues or concerns that may arise during my time at the center.

By signing below, I agree to these terms and conditions.

\_\_\_\_\_  
**Participant Signature**

\_\_\_\_\_  
**Date**

#### **IF PARTICIPANT IS UNDER THE AGE OF 18 (FOR PARENT/GUARDIAN)**

By signing the registration form, you are hereby giving permission to your child/children to attend the Youth Innovation Center, located at 18 Fairmount St., Fitchburg, MA. The center will be open Monday to Friday 12pm-5pm. If state guidelines are changed, we will provide virtual access via zoom. Should a participant not be responsive to the policies or begin to act out or cause issues at the center or with other members, they will be asked to leave/log out and it will be the Program Staff's decision whether the youth returns or not.

I, \_\_\_\_\_, **give permission for my**  
*(Parent/Guardian Name – Please Print)*

**child** \_\_\_\_\_ **to attend the Youth Innovation Center.**  
*(Child's Name – Please Print)*

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**