

BEACONS REC CENTER

THURSDAYS 6:00-8:15

March 20th –May 25th

No Program April 4th

WALKER AND PICK UP ONLY

NO TRANSPORTATION AVAILABLE



- . ART
- . BASKETBALL
- . Wii
- . HOMEWORK HELP
- . GAMES & MORE



QUESTIONS PLEASE CALL:

STEVE ALEXANDER (612) 662-2223

SCOTT BULLOCK (612) 668-2224

eliminating racism
empowering women
ywca
MINNEAPOLIS

**girls
inc.**
Girls Incorporated
at the YWCA of Minneapolis

mce
youth!
A program of Minneapolis Community Education

M P S
MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

Lucy Craft Laney Beacons Rec Center

Thursday

6:00-8:15

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Lucy Laney Beacons would like to invite **ALL** youth between the ages of 5 and 15 to come have fun at Lucy Laney. We will be opening the building on Thursday evenings for youth to come receive homework help and participate in fun engaging Beacons programming. Beacons staff will be leading activities that include basketball, Wii, art projects, team games and much more!!

Parents interested in taking a Minneapolis Community Education class? Don't have child care? Sign them up for Beacons!

Youth will need to complete a registration form prior to attending Beacons. There will be **no transportation** provided. All youth will enter the Penn Ave door and sign in at the front desk.

For any questions please call:

Steve Alexander

(612) 668-2223 or (612) 668-2224

Or visit our website http://lucylaney.mpls.k12.mn.us/steve_alexander

Behavior Policy

All children participating in the Beacons program are expected to be safe, be responsible, be respectful and be their **BEST!** All students are given three chances.

1st Incident: Warning, we will speak to youth.

2nd Incident: Warning, we will speak to the youth along with a call or letter home to the parent/guardian.

3rd Incident: **Youth will be removed from the program.**

Depending on the severity of the behavior a student may be removed after the first or second incident.

Registration Form for Beacons Rec Center

Student Information:

Student’s Name: _____ Grade: _____ Date of Birth: _____

School: _____ Student ID #: _____

Home Address: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does your child have any medical or special needs (i.e. allergies, asthma, learning disability or medical condition)?
O Yes O No If Yes, please specify: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

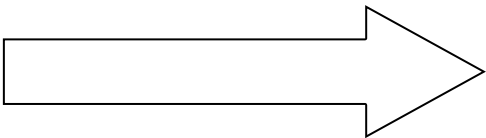
BEACONS WILL PROVIDE NO TRANSPORTATION:

I authorize my child to:
O Walk home
O Be picked up by _____
There will be a sign out form to be completed before picking you pick up any youth.

YWCA of Minneapolis Consent to Participant

Parent/Guardian Consent Permission Agreement: (Please initial each line)

- I grant permission for my child/ward:
- _____ To participate in all activities of YWCA youth programs
 - _____ To participate in program field trips under proper supervision
 - _____ To ride in authorized YWCA vehicles for program activities. My child must wear her/his seatbelt
 - _____ To be interviewed or photographed and to take part in promotional and public relations activities
 - _____ To obtain information on my child’s/ward’s school academic and attendance records
- _____ I agree that neither the YWCA nor any other person associated with the agency has any responsibility to me or to my child/ward for any claims arising from accident, health or medical treatment.
- _____ I understand that any expenses incurred under item 2 will be the sole responsibility of the child’s/ward’s family.

Please complete backside 

Photo, Survey and Media Release for Youth Under 18

This section must be completed to be registered for classes. Participants have the right to change their consent by sending a written request to the program manager for the program they are participating in.

O Yes, I give permission for my child to be included in television or still photographs representing Minneapolis Community Education programs. Photos/images may appear in newsletters, promotional brochures, on program websites and program materials.

O No, I do not give permission for my child to be filmed or their image used.

O Yes, I give permission for my child to participate in informational surveys regarding the services provided by Minneapolis Community Education programs.

O No, I do not give permission for my child to participate in surveys provided by Minneapolis Community Education programs.

WAIVER

I understand that Minneapolis Public Schools, Minneapolis Community Education and theYWCA assume no responsibility for injuries or illnesses which my child may sustain as a result of my child’s physical condition or resulting from their participation in any athletic activities, sports program, the use of any equipment, exercise, or other activities. I acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illnesses, which may result from their participation in these activities. I hereby release and discharge Minneapolis Public Schools, Minneapolis Community Education and theYWCA, their agents and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my child’s participation in these activities. I understand that Minneapolis Public Schools, Minneapolis Community Education and theYWCA are not responsible for personal property lost or stolen while your child is participating in Beacons programming or using Minneapolis Public School facilities.

By signing, I certify that I have fully read, understand and will agree to the terms and policies outlined.

Parent/Guardian Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Staff complete bottom of the form:

Please indicate which activities your child would be interested in:

_____ Basketball	_____ Soccer	_____ Painting	_____ Flag Football	_____ Gardening
_____ Board Games	_____ Chess	_____ Music	_____ Dance	_____ Volleyball
_____ Double Dutch	_____ Bike Maintenance	_____ Other _____		
_____ Other _____				

My youth has homework he/she should complete before participating:
_____YES _____ No