**One Step A La Vez -Teen Membership Renewal Agreement**
*School Year 2026 - 2027*

Dear Parent/Guardian of _____.

Thank you for continuing to entrust One Step A La Vez with your teens' growth, development, and well-being. We are excited to welcome your family back for another year of opportunities that promote leadership, wellness, education, civic engagement, recreation, and positive youth development. To ensure we maintain accurate records and can provide the highest level of care and communication, we ask that you review and renew your teen membership annually. **On behalf of the One Step *Familia* we welcome you!**

***(Please Initial Each Blank Line)***

**Parent/Guardian Certification**

_____I certify that all information provided on my teen's membership renewal application is true, complete, and accurate to the best of my knowledge. I understand that it is my responsibility to notify One Step A La Vez promptly if any information changes.

_____I understand that maintaining accurate information helps ensure my teen's safety and allows One Step A La Vez to communicate effectively with our family.

**Emergency Medical Authorization**

_____In the event of a medical emergency and I cannot be reached, I authorize One Step A La Vez staff to secure emergency medical treatment for my child as deemed necessary.

_____I understand that every reasonable effort will be made to contact me or my designated emergency contacts before treatment is authorized whenever possible.

_____I understand that I am financially responsible for any medical expenses incurred on behalf of my child.

**Assumption of Risk and Release of Liability**

_____I understand that participation in One Step A La Vez programs may include recreational activities, leadership development, educational workshops, volunteer projects, field trips, transportation, outdoor activities, community events, and other youth programming that involve inherent risks that cannot be entirely eliminated. On behalf of myself and my child, I voluntarily assume all ordinary risks associated with participation in these activities.

_____To the fullest extent permitted by law, I release, waive, and hold harmless One Step A La Vez, its Board of Directors, officers, employees, volunteers, contractors, partnering organizations, sponsors, and program sites from any claims, liabilities, damages, injuries, losses, or expenses arising from my child's participation in program activities, except in cases resulting from gross negligence or willful misconduct.

**Transportation Authorization**

_____I understand that One Step A La Vez may provide transportation for approved program activities. By signing below, I authorize my child to ride in organization-owned, leased, or approved vehicles operated by authorized staff or approved drivers during scheduled program activities.

_____I understand that seat belts are required at all times and that failure to follow transportation safety rules may result in loss of transportation privileges.

**Photo, Video, and Media Release**

_____I grant permission for One Step A La Vez to photograph, video record, or otherwise capture my child's image, voice, or likeness during program activities for educational, promotional, fundraising, social media,

website, print publications, news media, and other organizational purposes without compensation. I understand that I may revoke this authorization in writing for future use at any time.

**Program Expectations**

_____I understand that my teen is expected to:

- Treat staff, volunteers, and fellow participants with dignity and respect.
- Follow program rules, safety procedures, and staff directions.
- Respect program facilities, equipment, and property.
- Demonstrate behavior consistently with creating a safe and inclusive environment for all participants.

_____I understand that repeated or serious violations of program expectations may result in suspension or termination of membership.

**Parent/Guardian Agreement**

By signing below, I acknowledge that I have read and understand this Membership Renewal Agreement. I certify that the information provided is accurate and complete, and I agree to the terms and conditions outlined above. I understand that this agreement remains in effect for the duration of my teens' annual membership unless otherwise updated in writing.

**PLEASE ENTER THE FOLLOWING INFORMATION FOR YOUR SON/DAUGHTER:**

**NAME OF YOUTH:**
**BIRTHDATE:**
**STREET ADDRESS:**
**CITY & ZIP CODE:**
**MOBILE PHONE:**
**EMAIL:**

Parent/Guardian Full Name:_____

Parent's Date of Birth:_____

Parent/Guardian Phone Number:_____

Parent/Guardian Email: _____

Parent/Guardian Signature: _____Date: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Health or Medical Issues:_____

Dietary Restrictions or Food Allergies_____

For More Information Contact:


*Fillmore Teen Center*
Hector Magana Espinoza
Mobile: 805.625.7066
Email: Hector@MyOneStep.org

**FOR STAFF USE ONLY:**
Membership Renewal Date: _____CID # SITE: