TEEN CENTER
MEMBERSHIP FORM 2017-2018
AN OUTREACH PROGRAM OF THE PENOBSCOT BAY YMCA

Our Teen Center, through partnership with the community, shall provide a safe and comfortable environment that fosters mutual respect and responsibility for youth grades five through twelve.

Name: _____

Mailing Address: _____

City: _____ **State/Zip:** _____

Date of Birth:_____/_____/_____ **Home Phone:** _____
month day year

Grade: _____ **School:** _____

Allergies or other important medical information: _____

PARENT(S) OR GUARDIAN(S):

1: Name: _____ **Email:** _____

Phone (Home): _____ **(Work):** _____ **(Cell):** _____

2: Name: _____ **Email:** _____

Phone (Home): _____ **(Work):** _____ **(Cell):** _____

EMERGENCY CONTACT—Someone other than parent(s) or guardian(s) listed above:

Name: _____ **Relation to you:** _____ **Phone:** _____

TEEN CENTER MEMBERSHIP GUIDELINES

- Please respect personal and public property
- Please be positive, friendly, and affirming in language and action
- Please respect the Teen Center's alcohol, drug, and tobacco-free environment

By signing this agreement I acknowledge I have read and understand the Teen Center Membership Guidelines. I understand that if I choose to disregard these guidelines I will be held accountable for my actions by Teen Center Staff and may lose my membership.

_____ _____
Member's Signature Date