

TEEN CENTER  
**MEMBERSHIP FORM 2010-2011**  
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:** \_\_\_\_\_

**Phone:(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Cellular/Pager)** \_\_\_\_\_

**2: Name:** \_\_\_\_\_

**Phone:(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(Cellular/Pager)** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relation to you:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**TEEN CENTER MEMBER AGREEMENT GUIDELINES**

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

By signing this agreement, I acknowledge I have read the **Teen Center's Guidelines**. I also 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 privileges.

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date