



Student Membership Application

“A fun, safe and positive place that teens can call their own”

Registration Information – PLEASE PRINT CLEARLY

First Name: _____

Last Name: _____

Address: _____

City: _____ State _____ Zip _____

Staff Use
1 st visit _____
Staff _____
2 nd visit _____
Staff _____
Data Base _____

Gender M F Ethnicity: African-American Asian Caucasian Latino Other _____

School _____ Grade _____ D.O.B. _____

E-mail Address _____ Phone Number _____

Emergency Contact Information

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____

The Teen Center is a place to have fun and to be safe. While I am at the Teen Center, I will respect myself and those around me by abiding by the following Code of Conduct:

- No put downs, bullying, threatening behavior, or inappropriate language. No horseplay or play fighting.
- The Teen Center is a weapon, tobacco, drug, and alcohol free zone.
- No gang paraphernalia or inappropriate clothing.
- No public displays of affection. This includes kissing and inappropriate touching.
- Phone calls must not be any longer than five minutes and must be made at least fifteen minutes before closing. No long distance phone calls are allowed.
- If you leave, you may not re-enter the building for the rest of the evening.
- You will not be allowed to participate in activities at the Teen Center if you don't have the appropriate permission slips and student application completed by your second visit to the Center.
- No loitering outside of or around the entrance to St. Patrick's Youth Center.
- Please respect the staff, volunteers and other teens at all times.

I understand and agree to these rules. I understand that if in the event I do not comply with these rules, I will receive a formal warning. If I do not comply with my formal warning, I will then be asked to leave. Upon returning on the agreed upon date, I must meet with the Program Manager to ensure success of my next visits.

Student Signature

Date: _____

Parent/Guardian Waiver and Release

I hereby grant my full consent and authorization for _____, to engage in activities offered at the Community Center for Youth Teen Center (Center), located at St. Patrick's Youth Center 408 W. Alder, Walla Walla, Washington, 99362. I certify that I am the parent or legal guardian of the above named child. I am fully aware that certain dangers and risks are inherent in activities including but not limited to cycling, offered at the Center. In consideration of my child being allowed to participate in these activities and use of the facilities, I assume all risk of physical injury, death, damage, loss and liability arising from such activities or use by my child or ward.

I release without reservation and agree to release and waive any claim or right of recovery, known or unknown, foreseen or unseen, which my child or ward or I or our executors or administrators might now or later have, arising out of or in any way related to any injury, death or damage of any nature this child has or may sustain against the Community Center for Youth, their agents, officials and employees, and agree to indemnify and hold such persons harmless.

I agree photographs taken of this child during activities may be used for promotional purposes (brochures, web page, ads, newspaper articles, advertisements, newsletters).

Parent Contact: Parents or legal guardians will be notified if their child is suspended, is loitering, arrives under the influence of alcohol/drugs or is involved in any significant misbehavior. Please talk to your child about the rules and responsibilities outlined in the Code of Conduct that they have agreed to adhere to while participating in activities at the Center. We are committed to maintaining a safe environment for all of our students. If a student chooses to leave the Center, we can not restrain them.

Please initial 1 OR 2 below to indicate required action in the event of accident or emergency:

1. In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the Center to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize a licensed physician or surgeon to undertake such care and treatment of my child as he/she considers necessary. I, as the undersigned parent/guardian understand that I am responsible for paying all costs incurred as a result of the foregoing. _____

parent/guardian initials

2. I do not choose the above statement and desire the following action to be taken: _____

parent/guardian initials

Transportation: I hereby give my permission for this child to ride in a Center vehicle driven by a licensed and insured Center staff member. I hereby release without reservation and agree to release and waive any claim or right of recovery, known or unknown, foreseen or unseen, which my child or ward or I or our executors or administrators might now or later have, arising out of or in any way related to any injury, death or damage of any nature this child has or may sustain against the Community Center for Youth, their agents, officials and employees, and agree to indemnify and hold such persons harmless, for any injuries which might be received during travel in Center vehicles.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date: _____