

# Teen Center Programs

**Registration Form** All sections of this form must be completed, and submitted with proper payment.

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

School \_\_\_\_\_ Grade \_\_\_\_\_

Registering for:  Program/Class  Drop-In Enrichment  Enrichment Club/Committee

## Parent/Guardian Information

### Child lives with

Name \_\_\_\_\_  Mother  Father  Step-Mother  Step-Father  Other

Home Address \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_  Mother  Father  Step-Mother  Step-Father  Other

Home Address \_\_\_\_\_

Employer/School \_\_\_\_\_

Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Email Address \_\_\_\_\_

Custodial Parent(s)/Guardians

## Emergency Information

Complete information for at least one emergency contact, other than the parents, must be furnished in order to enroll your child. The following people who are aware that their names are being furnished and are available within 15 minutes of the site, have my permission to pick up my child, and should be contacted in the event of an emergency if I cannot be reached. Photo identification will be required.

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ MD \_\_\_\_\_  
Street/Apartment City Zip Code

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ MD \_\_\_\_\_  
Street/Apartment City Zip Code

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address \_\_\_\_\_ MD \_\_\_\_\_  
Street/Apartment City Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Physician \_\_\_\_\_

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the Columbia Association to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Does your child have any allergies or health conditions we should know about?**  Yes  No

Emergency Contact Information

## Terms and Conditions

(Continued from previous page)

- \_\_\_\_\_ • Youth must obtain and present a Teen Center ID when participating in Teen Center sponsored programs, events and activities.
- \_\_\_\_\_ • Participants must respect and obey Teen Center staff, security, police officers and volunteers.
- \_\_\_\_\_ • Participants must enter and exit the Teen Center in an orderly fashion and sign-in/sign-out upon entering and exiting the building.
- \_\_\_\_\_ • Only youth who use non-offensive language and engage in appropriate behavior are permitted to participate in Teen Center activities/events.
- \_\_\_\_\_ • Fighting, arguing, horseplaying, loitering in the village center, hanging in front of the Teen Center building is prohibited.
- \_\_\_\_\_ • The use or possession of tobacco, alcohol, illegal substances or drug paraphernalia while participating in Teen Center events/programs or while on the Teen Center and its vicinity is prohibited.
- \_\_\_\_\_ • At the conclusion of an event/program, participants must leave the Teen Center and its vicinity in the manner specified by the parents/guardian. Loitering in the village center is prohibited.
- \_\_\_\_\_ • Unless a participant has been given written permission to walk home, parents must arrive on time, and enter the building when picking up a participant after an event/program.
- \_\_\_\_\_ • All Drop-In Registrants must sign up and be actively engaged in an enrichment club or committee. Participants that do not adhere to this term will not be able to participate in the Drop-In program.

I, \_\_\_\_\_ give permission to my child, \_\_\_\_\_ to participate in the program(s) offered by the Columbia Association Teen Center including off-site and overnight trips or activities. I understand that my child shall abide by all the rules, regulations, agreements, criteria and guidelines of the Columbia Association Teen Center and that his/her failure to do so will give the Columbia Association Teen Center the right to immediately terminate his/her participation. I understand that I may have to pick my child up if he/she does not abide by these rules.

I also give permission for my child to be photographed by the Columbia Association for promotional material or for any other Columbia Association purposes, including publicity. I release the Columbia Association from any and all claims and liability in regard to said photographs.

I understand and voluntarily assume on my own behalf and on behalf of my child all risks inherent in participation in the programs; and I waive all claims, actions, costs, liabilities, expenses and judgments against Columbia Association, Inc. and the Columbia Association Teen Center and release CA and its directors, officers, agents, representatives, and employees from claims, action, costs, liabilities, expenses and judgments arising out of my son/daughter's participation in the programs. I further agree to indemnify CA and its directors, officers, agents, representatives, and employees and holds them harmless for any and all claims, damages, actions, liabilities, and expenses including attorney's fees arising out of my son's/daughter's participation in the programs.

Columbia Association has my permission to take whatever steps it deems necessary to properly care for and supervise my son/daughter, including the rendering of emergency medical care in the event that any situation occurs whereby an agent or employee of Columbia Association Teen Center, in the exercise of his/her discretion, assesses that immediate action is necessary and/or in the event my child is injured and I cannot be reached within a reasonable time under the circumstances.

My signature below indicates my understanding and agreement with all terms set forth in this registration. I agree that I will cooperate fully with all Columbia Association personnel and will notify the Columbia Association Teen Center in writing if any information set forth on this registration form changes in any way.

Parent's/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Legal Guardian's Name Printed \_\_\_\_\_

As a participant, I will abide by the rules of the Columbia Association Teen Center and understand that if I violate any portion of this agreement, I may be suspended or banned from participating in any Teen Center activities and my parents will be notified.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

