

2019-2020
Vernon Teen Center
Participant Registration Form

Member's Last Name: _____ First Name: _____

Address: _____

E-Mail Address: _____ Home Phone: _____

Current School: _____

Sex: M ___ F ___ Date of Birth: _____ Age: _____ Grade: _____

Parent(s) Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

Emergency Contact (other than parent)

Name: _____ Cell Phone: _____

Additional Information:

Is there any additional information (ex: allergies, health concern, emotional concerns) the staff should be aware of?

We would like to hear from you to get some good ideas to bring to the Teen Center this year.

Please list some programs, activities and/or events (ex. Karaoke, DJ, tournaments) you would like to see take place at the Teen Center.

Being of full age and in consideration of my child's participation in this program, I do hereby release and forever discharge the Town of Vernon and the Vernon Teen Center Association, their agents and employees, their representatives, successors and assignees from all claims arising out of any and all personal injuries, damages, expenses and any loss or damages whatsoever resulting or which may result from participation in this program. As a parent or guardian of the above said participant/s, I realize there are inherent risks involved in physical activity. ***Pictures taken of my child may be used for publicity by the Vernon Parks and Recreation Department and Vernon Teen Center.***

Signature:

Teen Center Member: _____ Date: _____

Parent/Guardian: _____ Date: _____