

## The Teen Gathering Place Registration Form

Date \_\_\_\_\_

Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact if parent cannot be reached -

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Notes: \_\_\_\_\_

I give permission for my child to participate in the Teen Gathering Place program at the Farmington Community Center. I release the Farmington Community Center, it's employees and volunteers from any liability whatsoever in case of injury which might arise in the participation in this program. I understand that my child is expected to cooperate with adults in charge of the program and to obey all rules. In the event rules are broken, I understand that I may be contacted and appropriate measures will be discussed and taken according to the violation.

Parent's Signature \_\_\_\_\_

I have read and understand the Teen Gathering Place Rules and promise to abide by them to the best of my ability.

Teen's Signature \_\_\_\_\_