



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SILVER BAY YMCA TICONDEROGA TEEN CENTER MEMBERSHIP FORM 2015-2016

TEEN INFORMATION please fill in each blank completely

LAST NAME _____ PRIMARY CONTACT NUMBER _____

FIRST NAME _____ GRADE _____

BIRTHDAY _____ AGE _____ GENDER M F

PARENT/GUARDIAN 1 INFORMATION

Parent/Guardian 1 will be considered the primary contact for this child.

PARENT/GUARDIAN 2 INFORMATION

FIRST NAME	_____	FIRST NAME	_____
LAST NAME	_____	LAST NAME	_____
RELATIONSHIP TO CHILD	_____	RELATIONSHIP TO CHILD	_____
STREET ADDRESS	_____	STREET ADDRESS	_____
CITY	_____	CITY	_____
STATE	_____	STATE	_____
ZIP CODE	_____	ZIP CODE	_____
PRIMARY PHONE	_____	PRIMARY PHONE	_____
OTHER PHONE	_____	OTHER PHONE	_____
EMAIL	_____	EMAIL	_____

ADDITIONAL PERSONS AUTHORIZED TO PICK UP AND EMERGENCY CONTACTS

NAME	_____	RELATIONSHIP TO CHILD	_____	PRIMARY PHONE	_____	SECONDARY PHONE	_____
NAME	_____	RELATIONSHIP TO CHILD	_____	PRIMARY PHONE	_____	SECONDARY PHONE	_____
NAME	_____	RELATIONSHIP TO CHILD	_____	PRIMARY PHONE	_____	SECONDARY PHONE	_____
NAME	_____	RELATIONSHIP TO CHILD	_____	PRIMARY PHONE	_____	SECONDARY PHONE	_____

PLEASE NOTE: If you have a custody agreement that affects a parent/guardian's access to this child, a copy of the legal documentation stating this must be attached with this membership form.

TURN OVER

**PLEASE NOTE:
A COMPLETE MEMBERSHIP FORM MUST BE ON FILE BEFORE
YOUR TEEN CAN ATTEND THIS PROGRAM**

PARENT/ GUARDIAN CONSENTS

Parent/ Guardian Initials	PARENTS/GUARDIANS: PLEASE READ AND INITIAL THE FOLLOWING CONSENTS.
	I hereby give my child permission to attend the Silver Bay YMCA Ticonderoga Teen Center including all programs and activities held at the program location: 123 Champlain Avenue, Ticonderoga New York 12883.
	I understand that the Ticonderoga Teen Center is a Drop In program. This means that my child can sign themselves in and out of the program. If my child leaves the program during a session, I understand that they will be denied admittance back into the Center until the beginning of the next Session for their age group.
	I will inform the Teen Center Staff when I cannot be reached at the numbers listed on this form. Furthermore, I will notify Teen Center Staff if my contact information changes permanently.
<p style="text-align: center;">I understand program participants may be photographed for publicity purposes and that if I do not wish my child to be photographed, a Do Not Photograph request must be submitted, in writing to the Silver Bay YMCA Marketing Director, prior to my child's first day attending any Teen Center events or activities.</p>	

Parent/Guardian Signature: _____

Date: _____

TEEN CONSENTS

Teen Initials	TEENS PLEASE READ AND INITIAL THE FOLLOWING CONSENTS.
	I agree to follow all Teen Center rules and regulations posted at the Ticonderoga Teen Center or given verbally by Teen Center Staff members.
	I understand that if I leave during a Session that I will not be allowed to re-enter during that same session. I will have to wait until the next session held for my age group to re-enter the Teen Center.

Teen Signature: _____

Date: _____

CONTACT INFORMATION

**FOR MORE
INFORMATION
CONTACT:** Jackie Palandrani
Youth and Teen Director
(P) 518-503-5136
(E) jpalandrani@silverbay.org

Kaley Manning
Youth and Teen Coordinator
(P) 518-503-5136
(E) kmanning@silverbay.org

FIND US ON THE WEB
WWW.SILVERBAY.ORG

 **YMCA TEEN CENTER -
TICONDEROGA**

**PROGRAM
LOCATIONS** The Old Armory Building
Main Floor
123 Champlain Avenue
Ticonderoga, NY 12883

Silver Bay YMCA
87 Silver Bay Road
Silver Bay, NY 12874
(P) 518-543-8833

Silver Bay YMCA is a
charitable, non-profit
organization.