



DATE _____
MEMBER # _____

REGISTRATION FORM FOR THE CITY OF DURHAM TEEN CENTER

Student Information

Name: _____ Birthday (MM/DD/YY): _____
Sex: Male / Female Current Age: _____ Current Grade: _____ Home Phone #: _____
Cell Phone _____ Attends Traditional or Year-Round School (circle one)
School _____
Home Mailing Address: (include zip code) _____
Email _____

Demographics

Demographics Disclaimer: Completing this section is completely voluntary, and all information recorded in this section will be kept confidential. The information will be used by city for statistical purposes, program assessment and planning, and may aid in securing program funding through grants.

What is your race (i.e. African American or black, Caucasian or white, Hispanic American, etc.)? _____
Do you qualify for free or reduced lunches at school? **YES** **NO**
Do you receive subsidized health insurance? **YES** **NO**

Circle highest education level completed.
1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4

Parent/Guardian Information (please complete both)

(With whom do you live?): Mother Father Guardian (Specify) _____
Name: _____
Email: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone/Pager #: _____

Additional Parent/Guardian or Emergency Contact Information

(Please circle one): Mother Father Guardian/Contact (Please Specify) _____
Name: _____
Address (if different than student's): _____

Email: _____ Home Phone #: _____
Work Phone #: _____ Cell Phone/Pager #: _____

Please complete both sides =>

MEDICAL INFORMATION

Sex: _____

Height: _____ Weight: _____ Identifying Marks: _____

Student's Physician: _____ Phone #: _____

Physician's Address _____

Please specify any conditions, illnesses or disabilities that might alter participation in activities, so that we may better accommodate you):

Allergies (Food, Insect, Medications): _____

Medications (List any current medications and their purpose) _____

Chronic Physical Illnesses (Diabetes, Epilepsy, Asthma): _____

Behavioral or Emotional Conditions (ADHD, Oppositional Defiant Disorder, Depression): _____

Physical Conditions: _____

Developmental Delays or Disabilities: _____

Signature of Parent/Guardian: _____

Date: _____

AUTHORIZATIONS

I give permission for Durham Teen Center to take photographs of my child during program times and for my child's name and photo to be published in newspapers or other publications: **Yes** _____ **No** _____

I give permission for my son/daughter to walk home from the Durham Teen Center: **Yes** _____ **No** _____

I give my permission to the Durham Teen Center to transport my student during program times: **Yes** _____ **No** _____

I give permission to view movies with a PG-13 rating: **Yes** _____ **No** _____

I give permission for the Durham Teen Center Staff to administer basic first aid to my child in the case of injury: **Yes** _____ **No** _____

Release of Liability Disclaimer: City of Durham is not responsible for any personal injury, property damage, or wrongful death to any person suffered while participating in any activity for any reason whatsoever, including negligence on the part of the City of Durham, its representatives, or employees.

In consideration of this minor child's participation, I hereby release the City of Durham, its representatives or employees from any present and future claims from negligence arising as a result of this minor child's participation in teen center activities, and sanctioned off site trips. I acknowledge that this child's participation at the Durham Teen Center is voluntary.

I hereby assume all risk of injury or death, and damage to this minor child's person or property during the course of any Durham Teen Center , or thereto, whatever or however the above may occur. I agree to hold harmless the Durham Teen Center, its representatives, or employees if loss, threatened loss or expense from negligence were to occur. I have read this form and fully understand that by signing this form, I am waiving legal rights and or remedies which may be available to me for the negligence of the Durham Teen Center, its representatives, or employees. I affirm that I am the parent or legal guardian of this child, and am freely agreeing to these terms.

By signing below, I acknowledge that I have read and understand the above statements.

Signature of Parent/Guardian: _____

Date: _____

(if younger than 18)

Please return Registration Form to the Durham Teen Center