



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



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.