

TEEN HAVEN PROGRAM

MEMBERSHIP FORM



Child's Full Name: _____ Male Female
Home Address: _____ City: _____
State: _____ Zip Code: _____ Grade: _____ Age: _____
Date of Birth: ____/____/____ Cell Phone: _____

Name of Parent/Guardian 1: _____
Home Address (if different than child's): _____
City: _____ State: _____ Zip Code: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Name of Parent/Guardian 2: _____
Home Address (if different than child's): _____
City: _____ State: _____ Zip Code: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Please indicate any learning disabilities, allergies or other conditions the staff should be aware of (medical, medications, food allergies, etc.):

A Ministry Of



Emergency Contact: This contact should not be the same as the previous information.

Name of Emergency Contact: _____

Relationship to Child: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Medical Contact:

Name of Primary Physician/Clinic: _____

Phone # of Physician/Clinic: _____

Medical Insurance Company: _____

Policy #: _____

Consent and Release Form:

As parent or legal guardian of the above named student, I give my permission for my child to attend Teen Haven programs. I do hereby release and indemnify Teen Haven and/or Water Street Ministries of any and all responsibility resulting from injuries, which may be obtained by my child in route to or from, or while at Teen Haven programs.

I give my consent for a Teen Haven staff member to directly contact my child via text message or social media concerning Teen Haven activities and events.

I hereby give Teen Haven staff and/or volunteer's full permission and authorization to secure emergency medical treatment for my child at the hospital of their choice in the case of an emergency. I also authorized that hospital to provide any and all necessary treatments.

I understand the likeness of my child may appear in program/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.

I understand Teen Haven staff and volunteers must have an active role in the discipline of my child while he/she is involved in Teen Haven programs. I will support the staff and volunteers in their supervisory efforts.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Student Name (print): _____

Student Signature: _____ Date: _____

