

Brunswick Area Teen Center

Membership Registration Form

Student Name: _____ Date: _____

Preferred Name: _____ Date of Birth: _____

Preferred Pronouns: _____ Grade: _____

Address: _____

Please list any food allergies or dietary restrictions the student has:

Does the student have any medical conditions that staff should be aware of?

First Parent/Guardian/Emergency Contact Name: _____

Relationship to student: _____ Phone: _____

Email: _____

Second Parent/Guardian/Emergency Contact Name: _____

Relationship to student: _____ Phone: _____

Email: _____

☐ Check here if you'd like to sign up for our monthly Teen Center Newsletter

Membership and Photography Consent: I authorize my teen to be a member of the Brunswick Area Teen Center and to participate in all Teen Center activities. This permission is granted until my student no longer meets the eligibility requirements of the BATC. Please note, cameras are in use inside and outside the Teen Center. These are for security purposes only.

In addition, I understand and authorize The Brunswick Area Teen Center (BATC) to take and use photographs or videos of my teen's image for publication and display in all BATC media. I further understand that I may revoke this consent at any time but cannot do so retroactively.

Check one: ☐ **Yes**, Photos are allowed ☐ **No**, Photos are not allowed

Information Sharing Permission: I authorize Brunswick Area Teen Center staff and Brunswick School Department staff to share personally identifiable information about my student if either is concerned about an articulable and significant threat to the health or safety of the student or other individuals and knowledge of the information is necessary to protect the health or safety of the student or other individuals.

Signature of Parent/Guardian: _____ **Date:** _____

Ride Program Permission: By signing below, I am giving permission to the Brunswick Area Teen Center to provide transportation to and from the Teen Center when scheduled. I waive all claims of any type (including but not limited to, personal injury) against People Plus and staff including Teen Center Program Staff and Volunteers. In addition to waiving all claims of liability against the above-named entities, I indemnify them from any claims of liability from me or on my behalf.

Signature of Parent/Guardian: _____ **Date:** _____