



Emeryville Teen Center Member Application

Vision and Mission of the Emeryville Teen Center:

The Emeryville Teen Center is an oasis where teens socialize in a safe space and engage in a variety of positive activities, all under the guidance of dedicated adult mentors. Every teen deserves a space where they can go to be themselves, create connection, push out of their comfort zone, and learn new things. We are dedicated to being that space and hope teens have an enriching time with us, during every visit.

Reach out to us if you have any questions: csd@emeryville.org or call 510-596-4395.

Student First/Last: _____

I am this teens legal parent or guardian (Circle One): Yes No

What school does your teen attend: _____ Grade: _____

Parent/Guardian First/Last Name: _____

Parent/Guardian Phone Number: _____

2nd Parent/Guardian First/Last Name: _____

2nd Parent/Guardian Phone Number: _____

Emergency Contact and/or Pick Up First/Last Name and Phone Number (Other than parents or guardians): _____

2nd Emergency Contact Name and/or Pick Up Name and Phone Number (Other than parents or guardians): _____

3rd (optional) Emergency Contact Name and/or Pick Up Name and Phone Number (Other than parents or guardians): _____

List all allergies for your teen (include food allergies) : _____

List All Medical Considerations for Your Teen (asthma, use of an epi-pin, or any over the counter or prescription drugs they may need to take while utilizing the facility). Write N/A if not applicable:

List any and all learning disabilities, environmental or social triggers or general tips or information that would help us work with your teen. _____

I have read the family handbook and agree with the guidelines laid out within it, which include but is not limited to the following sections:

- ☐ Adult Supervision and Teen Usage
- ☐ Behavior Expectations and Accountability Process
- ☐ Trash, Vandalism, Theft, and Damage
- ☐ Refunds/Transfers
- ☐ Illnesses, Health and Safety
- ☐ Food And Drink
- ☐ Additional Policies and Procedures
- ☐ Special Notes

I especially understand that this is a drop in program and my teen can attend freely. The program will not call me if my child is absent or arrives late to any scheduled open hours or class. I will only receive a drop warning or notice if my teen does not meet the required number of days for any given program.

Furthermore I understand that this program has a strict code of conduct and that my teen maybe given a final warning or dropped if they violate any given rule or section laid out in the family handbook. I will review the handbook with my child prior to completing this form.

Thank you for reviewing this registration form, please note that to make the best use of your teens time in our space it requires you to review the handbook with them. Since this is a public program, behavior guidelines will be very strict. **Please go to rec.us/Emeryville to set up your account. Once you've done this application, you will have completed the pre-requisite to buy your monthly pass or drop in!**

Print Parent First/Last Name: _____

Parent signature: _____ Date of signature: _____