



YOUTH & FAMILY SERVICES

970.668.9183 ph | 970.668.9188 f
www.SummitCountyCO.gov

The Drop (Summit County Teen Center) Membership Information Form 2018/2019

Member First Name _____ **Member Last Name** _____

Member Birth Date _____ **Member Personal Phone** _____

Ethnicity (Circle): African American Asian Caucasian Latino Other

Medical Problems/Allergies _____

Member's Insurance Company _____ **Policy Number** _____

Member's Physician _____ **Physician's Phone** _____

Physical Address _____

Mailing Address _____

Primary Emergency Contact Name _____

Emergency Contact Phone _____

Parent/Guardian First Name _____ **Parent/Guardian Last** _____

Email _____ **Phone Number** _____

Parent/Guardian First Name _____ **Parent/Guardian Last** _____

Email _____ **Phone Number** _____

Parent/Guardian First Name _____ Parent/Guardian Last _____

Email _____ Phone Number _____

Names & Phone Numbers of Two Other People We Can Contact In Case of Emergency:

1) _____ 2) _____

In consideration of Member being permitted to attend and participate in events at The Drop (Summit County Teen Center), I agree to release, waive, discharge and covenant not to sue the County for any injuries or any damages sustained by Member. I further agree to assume all risks associated with Member's participation in Summit County Teen Center activities and/or events. I understand that some Summit County Teen Center activities and/or events may take place at locations within a five mile radius of The Drop (Summit County Teen Center). I agree to indemnify, defend and hold harmless the County, both collectively and individually, in addition to its respective agents, elected officials, officers, directors, owners, contractors, volunteers, and other employees (collectively the "Released Parties"), from any and all liability actions, causes of action, debts, claims and demands of every kind and nature whatsoever which may arise during the course or as a result of Member's attendance at The Drop (Summit County Teen Center).

I permit The Drop (Summit County Teen Center) to utilize photographs of my child taken of his/her involvement in The Drop (Summit County Teen Center) programs and hereby waive all rights of compensation for said use. *Initial One: Yes* _____ *No* _____

Parent/Guardian Signature _____ **Date** _____
(If member is under 18 years of age)

I agree to take care of The Drop (Summit County Teen Center) and it's Property. I have received and read the Member Handbook. I will abide by The Drop's (Summit County Teen Center's) rules and expectations at all times.

Member Signature _____ **Date** _____