



YOUTH & FAMILY SERVICES

970.668.9180 ph | 970.668.9188 f  
www.SummitCountyCO.gov

**The Summit County Teen Center Membership Information Form 2021/2022**

**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** \_\_\_\_\_

**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 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 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 Summit County Teen Center.

I permit The Summit County Teen Center to utilize photographs of my child taken of his/her involvement in The 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** \_\_\_\_\_

*This program is brought to you with local funding from the Summit Foundation, Rocky Mountain Health Foundation, and Summit County Government.*