

ACT
Addison Central Teens
94 Main Street Middlebury, Vt 05753
www.addisonteens.com
Phone- 802.388.3910

Addison Central Teens Registration Form

Name: _____ Home Phone # _____

DOB: _____ Age: _____ Grade: _____ School: _____

House # and Street: _____ Town: _____ Zip _____

Youth Cell #: _____ Youth Email: _____

Parent(s)Name(s) _____

By signing below, **I am agreeing to follow the rules and policies of A.C.T.** while at “94 Main” or participating in any A.C.T. event.

1. **94 Main** is a substance free space
2. At **94 Main**, teens will respect themselves, respect others, and respect their surroundings.
3. At **94 Main** all teens have the right to feel safe.
That means **NO** violence in speech or actions.
4. **94 Main** is a community space, where everyone is responsible for cleaning up after him/herself.

Teen Signature: _____ Date: _____

I, _____ agree that my name and **photographic image** can be used in publicizing the work of the teen center.

By signing below, I am stating my understanding that my child will be using the teen center “94 Main”, and is required to follow the rules and policies of A.C.T. while at “94 Main” or participating in any A.C.T. event.

Parents Signature: _____ Date: _____

PLEASE TURN OVER FOR INSURANCE INFORMATION/CONSENT TO TREAT

Insurance Information/ Consent to Treat

By signing below, I give consent to any representative of A.C.T. to seek medical assistance for my child while participating in A.C.T. activities.

Parent or Guardian Name (printed): _____

Parent or Guardian signature : _____

Home Phone: _____ Parent Email: _____

Mother work#: _____ Mother cell #: _____

Father work#: _____ Father cell#: _____

Alternate Emergency Contact:

Name: _____ Phone: _____

Relationship to teen: _____

Allergies/Medical Conditions/Medications: _____

Insurance Company: _____ Policy/Group#: _____

I agree that the name and photo image of my son/daughter: _____
can be used in publicizing the work of the teen center.

Signature of parent/guardian

Date