



TOWNSHIP OF HAMILTON TEEN CENTER MEMBERSHIP PASS APPLICATION

www.hamiltonnj.com

CARD #: _____
DATE ISSUED: ____/____/____

picture

PARTICIPANTS NAME: _____

GENDER: MALE (LAST) FEMALE (CIRCLE) (FIRST) (MI) DATE OF BIRTH: ____/____/____

SCHOOL: _____ GRADE: _____

MOTHER'S NAME: _____ PHONE #: HOME _____

STREET ADDRESS: _____ PHONE #: WORK _____

CITY: _____ STATE: _____ ZIP CODE: _____ PAGER/CELL PH.#: _____

FATHER'S NAME: _____ PHONE #: HOME _____

STREET ADDRESS: _____ PHONE #: WORK _____

CITY: _____ STATE: _____ ZIP CODE: _____ PAGER/CELL PH.#: _____

EMERGENCY CONTACT: _____ PHONE #: _____

(other than parent)

ADDRESS: _____ RELATIONSHIP: _____

Special information we should know about your child:

RELEASE

PARTICIPANT/PARENT READ & SIGN:

I, the participant or parent/guardian of the above named child, by applying to become a member of the Hamilton Township Teen Center, hereby give my approval to participate. I assume all risks and hazards incidental to such participation. In case of emergency, I authorize the Hamilton Township personnel / trained volunteers to administer first aid treatment, to transport me/my child to the nearest emergency facility for treatment in case of emergency, and to try to notify me/my contact person.

IN THE EVENT OF INJURY DUE TO INCIDENTS BEYOND THEIR CONTROL, I DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNITY AND AGREE TO HOLD HARMLESS THE TOWNSHIP OF HAMILTON, ITS SUPERVISORS, EMPLOYEES, AND ALL PROGRAM VOLUNTEERS, AS WELL AS OTHER PERSONS CONNECTED WITH HAMILTON TOWNSHIP, FROM ALL LIABILITY AND ALL CLAIMS RELATING TO PERSONAL INJURY OR PROPERTY DAMAGE THAT I OR MY CHILD MAY SUSTAIN BY REASON OF MY/OUR PARTICIPATION IN, EQUIPMENT OR FACILITIES THEREIN.

In addition, I fully understand and will abide by all rules and regulations as outlined on the reverse side of this form and as posted at the Teen Center.

I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE TEEN CENTER RULES AS OUTLINED ON BACK

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT SIGNATURE: _____ DATE: _____

(PLEASE READ THE REVERSE SIDE OF THIS APPLICATION, THEN SIGN ABOVE)

RULES & REGULATIONS FOR TEEN CENTER

- 1. This facility is designed for teenagers between the ages of 13 – 17 years old.**
- 2. All participants are required to complete a registration form and Teen Center Pledge.**
- 3. Both teenager and his/her parent/guardian must sign Application Form.**
- 4. Proof of age and Hamilton Township residency are required for admission and participation to the Teen Center.**
- 5. All participants must sign in and out of the Teen Center.**
- 6. The Teen Centers hours of operation are as follows:**

Monday – Thursday: 6:00 – 8:00pm

Fridays: 6:00 – 9:00pm (Movie Night, Karaoke, Special Events)

***Any teenager attempting to use the Teen Centers during non-operating hours shall be subject to penalty.**

- 7. All participants must display their card/pass on their person at all times while in the Teen Center.**
- 8. Use of drugs, alcohol, profanity, abusive language, smoking and/or vandalism is strictly prohibited and shall result in automatic and permanent expulsion from the Teen Center and subject to all other penalties provided to the fullest extent of the law.**
- 9. All participants must take care of the Teen Center and the materials they use.**
- 10. Participants are required to respect all facility staff members and follow their directions.**
- 11. Negative behaviors including all forms of bullying and harassment such as name-calling, shunning, ridiculing, threatening words, mimicking, physically hurting, intimidating gestures or expressions, and unwanted or inappropriate sexual contact, language or actions will result in automatic suspension and possible permanent expulsion from the Teen Center. Criminal charges may be filed in some cases.**
- 12. All participants should have fun and enjoy the Teen Center.**

I/WE HAVE REVIEWED AND AGREE TO ABIDE BY THE TEEN CENTER RULES AS OUTLINED. (PLEASE SIGN THE REVERSE SIDE OF THIS APPLICATION.)