

# The Teen Center Program is a Drop-In, Non-Custodial Program.

In order to better serve your teen,  
please fill out this form and return to the  
Receptionist at the Teen Center.



Teen's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Teen's Medical Condition or Allergies: \_\_\_\_\_

RELEASE OF LIABILITY: I absolve and agree to hold harmless the City of Glendora, its employees, officers, or agents from any liability which may result from my participation, or that of any minor in my legal custody, in the Glendora Teen Center Program. If the participant is a minor, I also give my permission for his/her participation in the above activities, and for any necessary emergency medical treatment. This release of liability also includes internet use.

**ANYONE 8TH GRADE AND UNDER NEEDS TO BE ACCOMPANIED BY A PARENT AFTER 7 P.M.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Attending