



Printed 5/2/2011

Membership Application

Niles Teen Center

373 Golf Mill Ctr, Niles, IL 60714

Phone (847) 375-8949
Fax (847) 375-8962
www.nilesteencenter.org



**** Please fill out both sides ****

Office Use Only

Fees as of 5/2/2011

- New Member
 Renewal

Start Date: _____

Niles Resident/Attend Niles School - Annual: **\$20.00**
Non-Niles Resident/ Does not Attend Niles School - Annual: **\$35.00**

(First Name) _____ (M) (Last Name) _____ (Nickname) _____ Gender Male Female
(Circle One)

(Date of Birth) _____ (School) _____ Expected High School Graduation Year _____ (Year)

(Member's Email Address) _____ (Member's Cell Phone Email Address) _____

Primary Address

(Address) _____ (City) _____ (State) _____ (Zip) _____

(Extra Address Information / Attention) _____ (Address Notes) - Describe any special instructions or circumstances related to this address _____

Primary Phone

(Phone Number) _____ (Phone Type) _____

Other Phone

(Phone Number) _____ (Phone Type) _____

Notable Medical History, Allergies or Behavior Concerns to better assist staff in working with Teen:

Guardians: Specify all Legal Guardians for this Member including Mother and Father if applicable

- Legal Guardian
 Emergency Contact

(Relationship) _____ (Name) _____ (Email Address) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

Address Same as Member's Address
(Address) - Only if different from Member's _____

- Legal Guardian
 Emergency Contact

(Relationship) _____ (Name) _____ (Email Address) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

Address Same as Member's Address
(Address) - Only if different from Member's _____

Emergency Contacts: Please list people to contact in case of emergency if other than Guardians listed above

- Legal Guardian
 Emergency Contact

(Relationship) _____ (Name) _____ (Email Address) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

Address Same as Member's Address
(Address) - Only if different from Member's _____

Additional Contacts:

- Legal Guardian
 Emergency Contact

(Relationship) _____ (Name) _____ (Email Address) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

(Phone Number) _____ (Phone Type) _____ (Phone Number) _____ (Phone Type) _____

Address Same as Member's Address
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Niles Teen Center Rules

(The following are prohibited from the Teen Center grounds)

SMOKING, CONSUMPTION OR POSSESSION OF ALCOHOL/DRUGS, ABUSIVE, LOUD OR ROWDY BEHAVIOR, ABUSE TO STAFF, FACILITIES OR EQUIPMENT, FIGHTING OR ROUGH PLAY, HARRASMENT OF ANY KIND, ANY ACTS PROHIBITED BY LAW OR LOCAL ORDINANCE

Violating any of these or any statute or ordinance of the Village of Niles or the State of Illinois may result in being asked to immediately vacate the premises, thereby forfeiting any entrance/activity fee for that event. Failure to abide by these regulations may also include expulsion, parent involvement, or police involvement.

The actions of each member of the Niles Youth Council/Teen Center are representative of the Village of Niles area and its youth. Each member should take pride in his/her role and respect our community.

Membership Agreement:

I agree as a member of the Teen Center to respect staff, guests, and visitors. I understand and agree with the Center's zero tolerance policy with respect to: drugs, alcohol, tobacco, weapons, and unreasonable behavior towards members, staff, and guests, including but not limited to sexual harassment or misconduct, abuse of internet access, destruction or theft of personal or Center property, discrimination towards others based on age, gender, religion, race, color, sexual orientation, disability, group, or association.

I understand and agree that members have an obligation to each other and the Center to **attend to safety** by looking out for others both physically and emotionally. Members are obliged to **be respectful and responsible** and will take responsibility for the care and maintenance of the building and the equipment within. I agree to **speak the truth** and be honest in terms of perception, feedback, and opinions.

By signing this agreement, I understand and agree that **my membership is a privilege** based on acceptable behavior and that a violation of this agreement, as well as the policies and procedures set forth in the Center policies manual, will result in disciplinary action, including at the sole discretion of the staff, loss of membership privileges. I further understand that in all cases regarding illegal drugs, alcohol, weapons or violent behavior, the local Police Department will be notified and both the victim's and offender's guardians shall be notified by the Police Department.

I have read and understand the expectations outlined on this form. I understand that by signing this document I am entitled to the privileges that go with membership. *Failure to meet the above mentioned expectations could result in forfeiture of membership.*

Member Signature: _____ Date: _____

Waiver and Release of Liability, and Authorization for Minors: (IMPORTANT - READ BEFORE SIGNING!)

Please read this form carefully and be aware that in participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program at the Niles Teen Center.

The Village of Niles is not responsible for members once they leave the Teen Center.

By signing up and participating in the above identified programs/activities and trips that may occur, you will be expressly assuming the legal liability and waiving and releasing all claims for injuries, damages or losses of any kind which you or your minor child/ward might sustain as a result of participating in all activities associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims, damages, losses or causes of action whatsoever I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in all these programs/activities against the Village of Niles or Niles Teen Center, including their officials, agents, volunteers and employees.

By signing this form, I am certifying that I qualify for the rate charged. I agree that my Teen Center privileges may be suspended or revoked if determined to be untrue.

I give my consent for staff of Niles Family Services to provide any and all information to and discuss issues with staff of the Niles Teen Center for the purpose of ensuring the safety and well-being of my child and the other children participating in the programs and activities.

I give my consent for the school principal, social workers, classroom teachers or other school district staff and the staff of Niles Family Services to provide any and all information to and discuss student related issues with staff of the Niles Teen Center for the purpose of ensuring the safety and well-being of my child and the other children participating in the programs and activities of the Niles Teen Center.

Photos are periodically taken of participants in a class, during a special event or at any of the Village facilities. These photos are for Village of Niles use and may be used in Village publications.

I have read and fully understand the above and understand the warnings or risks and waiver and release of all claims so set forth above.

Parent/Guardian Signature: _____ Date: _____