



**APPLICATION TYPE:**  
 New Member  
 Renewal

# Membership Application

**MEMBERSHIP FEES:**  
\$20 - Niles Resident  
\$35 - Non-Resident

Please carefully read and fill out both pages of this form. Information in **bold** is required to complete membership.

|   |   |
|---|---|
| <b>Parent:</b> (Primary Contact/Guardian)<br>_____<br>(First Name)<br>_____<br>(Last Name)  | <b>Teen:</b><br>_____<br>(First Name)<br>_____<br>(Last Name)     |
| <b>Address:</b><br>_____<br>(Street Address) (Unit/Apartment #)<br>_____<br>(City) (State) (Zip)  |   |
| <b>Phone:</b> _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home<br>Alt Phone: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Other          | <b>Teen Phone:</b> _____  |
| <b>Email:</b> _____   | <b>Teen Email:</b> _____  |
| <b>Parent Date of Birth:</b> ____/____/____<br>(Month) (Day) (Year)   | <b>Teen Date of Birth:</b> ____/____/____<br>(Month) (Day) (Year) |
| <b>Relationship to Teen:</b> _____  | <b>Grade:</b> _____ <b>Gender:</b> _____                          |
| <b>School:</b> _____  |   |
| Notes: (Please provide medical, behavioral, academic or family information that we may need.)<br><div style="border: 1px solid black; height: 100px; width: 100%;"></div> |   |

**Emergency Contact** (Please provide at least one additional emergency contact)

**Name:** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_  
(Street Address) (Unit/Apartment #)  
If different from primary contact: \_\_\_\_\_  
(City) (State) (Zip)

**Phone:** \_\_\_\_\_  Cell  Home **Emergency Contact D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Relationship to Teen:** \_\_\_\_\_ Additional Info: \_\_\_\_\_

**Emergency Contact** (Please provide an additional emergency contact if available)

**Name:** \_\_\_\_\_  
(First) (Last)

**Address:** \_\_\_\_\_  
(Street Address) (Unit/Apartment #)  
If different from primary contact: \_\_\_\_\_  
(City) (State) (Zip)

**Phone:** \_\_\_\_\_  Cell  Home **Emergency Contact D.O.B:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**Relationship to Teen:** \_\_\_\_\_ Additional Info: \_\_\_\_\_



**Niles Teen Center Rules**

**The following are prohibited from the Teen Center facility and areas surrounding the facility: SMOKING, CONSUMPTION OR POSSESSION OF ALCOHOL/DRUGS, ABUSIVE, LOUD OR ROWDY BEHAVIOR, ABUSE TO STAFF, FACILITIES OR EQUIPMENT, FIGHTING OR ROUGH PLAY, HARRASSMENT OF ANY KIND, AND ANY ACTS PROHIBITED BY LAW OR LOCAL ORDINANCE.**

Violation of 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 include expulsion, parent involvement or police involvement.

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

**Membership Agreement:**

I agree as a member of the Niles Teen Center, to respect all staff, guests and visitors. I understand and agree that members have an obligation to others and to the Center to **attend to safety** by looking out for others both physically and emotionally. I agree 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.

I understand 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 agree **to abide by this policy.**

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 policies and procedures set forth in the Center policies and procedures 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 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 COMPLETELY BEFORE SIGNING!)**

Please read this form carefully and be aware that by participating in this program you will be waiving and releasing claims for injuries you might sustain arising out of any activities at the Niles 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, 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 and that my child is eligible for membership. I agree that my Teen Center privileges may be suspended or revoked if either is determined to be untrue.

I give my consent for staff of Niles Family Services to provide social-emotional learning opportunities and crisis intervention when needed for the purpose of ensuring the safety and well-being of my child and the other children participating in the programs and activities. When deemed necessary, I give my consent for staff of the Niles Teen Center to exchange pertinent information regarding my child with staff of the Niles Family Services.

I give my consent for the school principal, social workers, classroom teachers or other school district staff to exchange any and all information necessary 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 waive and release of all claims so set forth above.**

**Parent Signature:**

**Date:**