



Hampton Teen Center Membership Application Form

Eligibility: Must be a Hampton Resident in 9th - 12th grades

(Please print clearly)

Today's Date: _____ Date of Birth: ____/____/____

Name: _____
Last First Middle

Address: _____
Street (Apt#)

_____ City Zip Code

Home phone: _____ Cell phone: _____

Email: _____ Male or Female *(circle one)*
(If you would like additional information about programs)

School: _____ Grade: _____

Legal Parent/Guardian 1: _____
Relationship: _____

Address (if different from teen): _____

Best phone number(s) to be reached: _____ or _____
(Indicate Cell, Home, or work) (Indicate Cell, Home, or work)

Legal Parent/Guardian 2: _____
Relationship: _____

Address (if different from teen): _____

Best phone number(s) to be reached: _____ or _____
(Indicate Cell, Home, or work) (Indicate Cell, Home, or work)

In case of an emergency please list a contact person if the legal parent/guardian(s) are unable to be reached:

Name: _____

Phone number(s): _____ or _____

Please list any medical concerns and/or information you may wish to pass on to EMS or hospital staff in case of an emergency including medications. If none apply please write "none": _____

Anyone with severe allergies (ie. food, plants, or insects) must bring their own medication and be able to self administer it!

