

Shelter Island Community
Youth Center Membership Information

Name of youth: _____ Home Phone: _____

PO Box _____ Youth E-mail: _____

Birth date: ____/____/____ M/F Grade: (as of Sept 20____) _____

Parent/Guardian Emergency Contact Information

Parent(s)/Guardian(s) Name: _____

Home phone: _____ Work phone: _____

Cell/pager: _____ E-mail Address: _____

Emergency Contact (other than parents)

1. (Name, phone) _____ Relationship _____
2. (Name, phone) _____ Relationship _____

Medical information

Allergies: _____

Medications: _____

Special Considerations: _____

Photo Consent: By signing this registration form, you authorize the Town of Shelter Island to use your child's name and/or photograph in any future community informational purposes, printed or otherwise (including but not limited to use on the Town's website, Channel 22, or the Shelter Island Reporter) produced by the Town of Shelter Island. There is no monetary compensation for this consent.

Initial here _____ if you do NOT give photographic consent of your child.

Liability Release: Completion of this release is a prerequisite for your child's membership for the Recreation Department Youth Center Program.

- 1) I understand that my child's participation in Center activities may involve the risk of harm.
- 2) With knowledge of potential risks involved, I hereby release the Town of Shelter Island officials, officers, employees, agents, volunteers and appointees, including but not limited to, Youth committee members, or commission members from any and all claims arising from my child's participation in Center activities.

Parent/Guardian Signature: _____