



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEEN SCENE

Teen Information

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian's Name: _____

Parent/Guardian's Cell: _____

ALLERGIES: _____

I understand that I must take home a Teen Behavior Contract if I am to participate in any future Teen Scenes. I agree to follow all rules and guidelines set by the Teen Staff. I will return the contract on my next visit. If I am a non-member, my parents must fill out a waiver.

Teen Signature: _____ Date: _____

Circle ALL that apply:

YMCA MEMBER

MADISON RESIDENT

NON-MEMBER