



# Member Application

Please Print Neatly

STUDENT INFORMATION	PARENT INFORMATION
Name _____	Father's Name _____
<input type="checkbox"/> Male <input type="checkbox"/> Female	Address _____
Address _____	City _____
City _____ State _____	State _____
Zip Code _____	Zip Code _____
Email _____	Email _____
Cell Phone _____	Cell _____ Work _____
School Name _____	Home _____
Current Grade _____	Mother's Name _____
Birth Date ____/____/____	Address _____
Do You Use Facebook? <input type="checkbox"/> Yes <input type="checkbox"/> No	City _____
Hobbies _____	State _____
_____	Zip Code _____
_____	Email _____
_____	Cell _____ Work _____
_____	Home _____
_____	

## Member Agreement:

I understand that being a member of The Power House is a privilege and I represent the center by the way I act. I realize that I can lose my Power House Membership after (3) written warnings from ANY Power House Staff person for two weeks and my parents may be notified of ANY negative behavior. I also realize that The Power House is a SMOKE FREE, DRUG FREE and ALCOHOL FREE facility and I choose to abide by these standards while at The Power House. I realize when I leave the Power House I must leave the property and will not be allowed to return during the same day. I have read and understand The Power House policies & rules.

Member Signature X \_\_\_\_\_

I give permission to have photos of my child in Power House publicity and promotions.

Yes  No

Parent Signature \_\_\_\_\_

For Office Use Only	Membership Number _____	Picture? _____	Date of Membership _____	Entered _____
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