



Member Application

FILLABLE ONLINE- OR PRINT LEGIBLY

STUDENT INFORMATION

Name _____

Male Female

Address _____

City _____ State _____

Zip Code _____

Email _____

Cell Phone _____

School Name _____

Current Grade _____

Birth Date ____/____/____

Do You Use Facebook? Yes No

Hobbies _____

PARENT INFORMATION

Father's Name _____

Address _____

City _____ State _____

Zip Code _____ Same address/youth

Email _____

Cell _____ Work _____

Home _____

Mother's Name _____

Address _____

City _____ State _____

Zip Code _____ Same address/youth

Email _____

Cell _____ Work _____

Home _____

I give permission for photos of my child to be used on Power House website, social media, & publications.

parent sign below Yes No

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** _____

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