



PORTAL 2:20 TEEN CENTER

Student Registration Packet

(Please have your student return this portion completed and signed on their next visit.)

Portal 2:20 Teen Center Student Registration Form

(Please return completed and signed form on your next visit to the Portal)

Student Information:

Today's Date: ___/___/___

Name: _____ Nickname: _____

Birthdate: ___/___/___ Grade: _____ School: _____

Cell Phone Number: ___-___-___ Can you text at this number? Yes No

How would you like to find out about Portal 2:20 Teen Center activities & information?
(Check all that apply)

Facebook Instagram Snapchat Twitter At school From Friends
 Contact my Parents/Guardians Add me to Text Reminders

How did you first hear about the Portal? _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Parent/ Guardian Information:

Name: _____ Relationship to Student: _____

Phone Number: ___-___-___ Can you text at this number? Yes No

Email Address: _____@_____.com

How would you like to receive non-emergency communications from Portal 2:20 Teen Center?
(Check all that apply)

Email Call Text Facebook Instagram Snapchat Twitter

Secondary Contact: _____ Phone Number: ___-___-___

Relationship to Student: _____

For Office Use Only:

Student Waiver & Release on file Medical Waiver & Release on file
 Student Survey on file Notes:

Portal 2:20 Teen Center Waiver & Release

Student Name: _____ **Birthdate:** ____/____/____

By submitting this completed Student Registration Form, I allow my student to participate in activities at the Portal 2:20 Teen Center. I understand the facility rules and expectations as well as the consequences for failing to abide by them.

Parent/ Guardian Signature: _____ Date: ____/____/____

I have read the facility rules and expectations for the Portal 2:20 Teen Center and I understand the consequences for failing to abide by them.

Student Signature: _____ Date: ____/____/____

Hold Harmless Agreement:

I agree Portal 2:20 Teen Center, Inc. will not be held responsible for injuries or property losses incurred while attending or engaging in activities offered. I further agree to indemnify and hold Portal 2:20 Teen Center, Inc., it's volunteer staff, it's officers and/or it's director harmless from any and all liability including claims asserted by third parties for any supervision rendered to the undersigned.

Parent/ Guardian Initials: _____

Information/ Picture Release:

During many of our events and programs, center staff may take group and activity pictures for differing purposes. I give my permission for the Portal 2:20 Teen Center to use my students photo in marketing, publicity and other public means. We realize the photos will never be used in a negative way and may be used in such items as newsletters, newspaper articles, thank you cards, donation solicitations, posted to social media and on our website. I realize this release allows my child's picture to be used as deemed appropriate by the Portal 2:20 Teen Center staff.

Yes, photos are OK to share No, please do not use my students photo

Parent/ Guardian Initials: _____

Portal 2:20 Teen Center Medical Waiver & Release

Student Name: _____ **Birthdate:** ____/____/____

Medical Authorization:

Portal 2:20 Teen Center staff are NOT allowed to administer any medication to students whatsoever. Our first aid is limited to ice packs, bandages and antiseptic spray/ creams. In the event of an emergency, if the parent/guardian or secondary contact cannot be reached, I do hereby give permission to transport my child to the nearest hospital by ambulance for emergency medical or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible. I also agree that I will not hold the Portal 2:20 Teen Center, Inc, it's staff or it's officers liable for any costs associated with a medical emergency. I understand it is my responsibility as parent/guardian for any and all insurance and medical information to be provided to the hospital/ doctor upon admittance.

Parent/ Guardian Signature : _____ Date: ____/____/____