



**Awareness Teamwork Trusting Independence Together Understanding
Differences for Empowerment**

MISSION STATEMENT

As a peer to peer social group for teenagers, we energize the CAPABILITIES of all participants by providing activities that encourage fun and friendship while also learning that differences are mere reflections of our perception. In a nurturing environment we support and assist one another with unleashing each other's highest potential.

Registration Form

Please print clearly

Teen's Name _____

Nickname _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Email address: _____

Cell phone number: _____ Is texting ok? Yes or No

Do you use social media? (please circle) Facebook Twitter Blogs Other

Guardian's Name _____

Address _____ Best contact # _____

City _____ State _____ Zip _____

Email address _____ Relationship to participant _____

Emergency Contacts (other than above)

Name _____ Best contact # _____

Relationship _____

Name _____ Best Contact # _____

Relationship _____

The following people will be allowed to pick up participant from Pieters Family Life Center programming

1. _____

2. _____

3. _____

Picture identification will be required at the time of pick up and the individual will not be released to anyone under the age of 18.

Please answer the following questions:

How did you find out about the Pieter's Family Life Center? _____

What are your hopes for your teen's participation in TEEN A.T.T.I.T.U.D.E?

What do we need to know to provide a positive and productive experience for your teen?

Do you have any concerns about your teen being successful in a group environment? Yes No

If so, please explain how we can make adjustments to ensure success: _____

INSURANCE INFORMATION

Insurance coverage for accidents or illnesses while participating in programs at the Pieters Family Life Center is the responsibility of the participant and/or their family.

Please list your family health, accident, and medical or hospital insurance coverage.

CARRIER _____ POLICY OR GROUP # _____
MEDICARE # _____ MEDICAID # _____

EMERGENCY MEDICAL TREATMENT

I, _____ (*parent/guardian*)
authorize _____ (*hospital*) to provide emergency medical
treatment to _____ (*individual*) while family member is participating in
Pieters Family Life Center programming. I authorize the staff of the Pieters Family Life Center to act on
my behalf in the event of an emergency. I understand that in a life threatening situation, my family
member will be transported to the nearest hospital. I also understand that I, as primary caregiver,
maintain my responsibility to pay for both routine and emergency medical care. I acknowledge that I
hold the Pieters Family Life Center, Heritage Christian Services, its employees, and all agents harmless
for any accident or incident occurring while participating in any program.

MODEL RELEASE

I, the undersigned, give permission to The Pieters Family Life Center here by to the use of
_____ (*individual*) name, likeness, features, voice, identity or
resemblance in photographs, pictures, recordings and all other forms of print, audio, and visual media
for advertising, promotional display, commercial and other general purposes by and on behalf of the
Pieters Family Life Center. I am aware that the Pieters Family Life Center will use their discretion for this
purpose. This agreement is in effect until canceled by the undersigned.

**Please return electronically to: Kristen LaRocca at klarocca@heritagechristianservices.org OR
mail to The Pieter’s Family Life Center, ATTN: Teen A.T.T.I.T.U.D.E, 1025 Commons Way,
Rochester NY 14623**