

**Youth Center Hours:** 7:00 - 9:30 PM

**Youth Center Phone Line:** 978-436-1051

Board member signature:

Youth Application	www.wilmingtonyouthcenter.com
Applicants Name:	School Grade:
Address:	Phone:
Parent/Guardian Name:	Cell Phone:
Parent/Guardian e-Mail Address:	
Emergency Contact:	Phone:
Doctor:	Phone:
Medical Issues:	
Where did you hear about the Wilmington Youth Center	r?
I have read and understand the Wilmington Youth Center behavior my membership may be suspended or termin	er Rules, I also understand that in the event of unacceptable nated.
Applicant Signature:	Date:
Parent Contract	
agree to chaperone a minimum of 2 nights. I understan is my responsibility to find a replacement. If I fail to fulf suspended until my obligation is fulfilled.  • Youth members are not admitted entrance until 7:00 PM unless  • Please arrive at 6:45 on your assigned night.  • Chaperones must stay until closing to get credit for the night.	plian name), have read the Wilmington Youth Center Rules and also and that if I am unable to chaperone on my scheduled night it fill my responsibility my son's/daughter's membership will be a parent is the chaperone.  • Younger siblings may NOT attend on the nights you chaperone.  • The Youth Center is not responsible for lost or stolen personal property. The right and permission to use and publish photographs made of me or my
child during any WYC Event, and I hereby release the WYC from an	
Parent/Guardian Signature:	Date:
_	tering. Your choice of dates are on a first come first serve basis.  nksgiving and Easter, except not on Christmas Eve or New Years Eve.
This area reserved for Office use and to be co and approved by WYC Board member during re Upon registration please choose a minimum of two	registration. Cash