



Membership Application

PLEASE PRINT NEATLY

Name _____ Circle One: Male Female

Address _____ City _____

State _____ Zip Code _____

Parent Phone _____ Cell Phone _____

Mother's Name _____ Father's Name _____

School Name _____ Current Grade _____

Birth Date _____
Month Day Year

Email Address _____

Do you utilize Facebook? _____

Interests _____

Membership 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 Hose 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 _____

Your Power House membership will automatically terminate on your 19th birthday or your graduation from high school, whichever comes first.

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