

RELAXING

SAFE

Welcome to Teen Scene!

We are delighted you are interested in our Teen Scene program for your middle school child's after-school enrichment. Middle school years are critical for social, intellectual and moral development. These years are also a time for fun! Teen Scene will be supervised by our dedicated and caring staff members. At Teen Scene, the goal is to facilitate positive growth by providing middle school students with a safe environment in which to:

- Explore new skills
- Sharpen problem-solving and decision-making abilities
- Discover dormant talents and cultivate existing talents
- Develop positive peer and adult relationships

Teen Scene Space includes...

Homework Area

Computers

Internet Access

Foosball Table

Ping Pong Table

TV

Video Games

Comfortable Couches

Swimming Pool

Gym



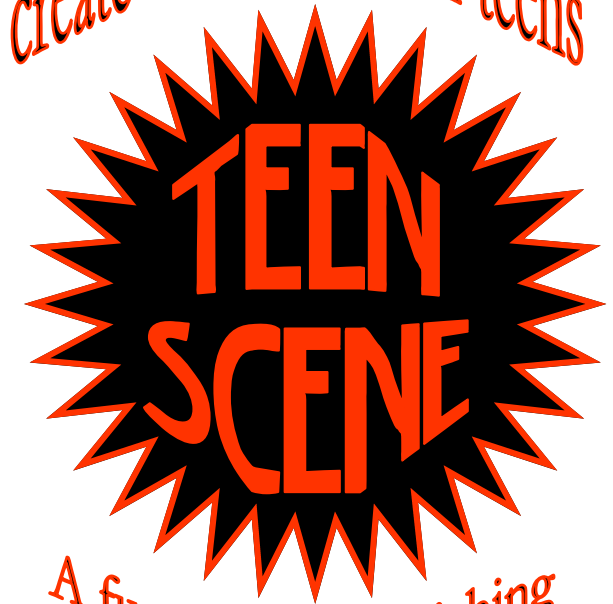
3801 East Mercer Way

Mercer Island WA 98040

www.sjcc.org

6TH-8TH GRADE ONLY

The SJCC & BBYO
create a new place for teens



A fun, safe and enriching

hangout
for middle school students

GAME CRAZY

TECH SAVVY

The SJCC is non-profit organization

FRIENDS

FUN

Open to Everyone!

Teen Scene REGISTRATION FORM

Please complete this registration form and return **with full payment** to the SJCC (Attn: Teen Scene, 3801 East Mercer Way, Mercer Island WA 98040). Spaces will not be held without completed registration and payment. Completed forms may be dropped off or mailed. Additional forms are available. Call 206-232-7115, extension 243, if you have questions.

Child's Name _____

Grade/Age _____

School _____

Second Child's Name (if applicable) _____

Grade/Age _____

*SJCC Membership Number _____

Parent /Guardian Name(s) _____

Address _____

City _____ Zip _____

Daytime Phone _____

Work Phone _____

Cell Phone _____

Emergency Contact Name _____

Phone _____

Email address (required) _____

**Teen Scene Registration Plan
(access to lounge 1-5 days per week)**

Annual Teen Scene Membership (September-June 30)	SJCC Member Rate	\$150
	Non-Member Rate	\$300
Monthly Teen Scene Membership (please select below)	SJCC Member Rate	\$18
	Non-Member Rate	\$36

SEPT _____	OCT _____	NOV _____
DEC _____	JAN _____	FEB _____
MARCH _____	APRIL _____	MAY _____
	JUNE _____	

Number of Months _____ x \$18 (members) =\$ _____

Number of Months _____ x \$36(non-members) =\$ _____

Full year \$150 (members)\$ _____

\$300 (non-members) \$ _____

TOTAL: \$ _____

Please include cash or check payable to SJCC.

Emergency Information/Waiver

Health Insurance Company _____

Insurance Number _____

The following information is necessary during an emergency:

Does your child take any medication? Yes ___ No ___

Kind of medication _____

For what _____

Does your child have any allergies?

Yes ___ No ___

Please specify: _____

Physician's Name _____

Phone _____

The Stroum JCC and BBYO Inc. assume no liability or damages arising from the results of participation in this BBYO/SJCC program unless due to willful fault or gross negligence on the part of BBYO/SJCC. All activities present certain inherent risks and hazards that the participant is urged to consider and which the participant assumes.

I hereby approve my child's participation in this program and consent to emergency medical treatment for my child on my behalf. To the best of my knowledge, there are no physical or other conditions that will interfere with my child's participation.

I hereby acknowledge that I understand and agree to abide by the rules set forth in the Teen Scene Member Code of Conduct and understand any violation to these rules may subject him/her to forfeit his/her Teen Scene Membership.

Participant Signature _____ Date _____

Parent Signature _____ Date _____