



C P L Youth Center

Brunswick Maryland

Membership Form

Participant Information:

City Resident: Non-City resident

Last Name: _____ First Name: _____ Age: _____

DOB: ____/____/____

Address: _____ City: _____

State _____ Zip Code _____

Phone: _____ Email: _____

School Attended: _____

Emergency Contact (must be completed):

Name: _____ Phone: _____

Parent/Guardian Information (Required if participant is 17 years of age or younger):

Last name: _____ First Name: _____

Address: _____ City: _____

State _____ Zip Code _____

Phone (day): _____ (evening): _____

(cell): _____

Emergency Contact (must be completed and must be other than parent):

Name: _____ Phone: _____