



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Teens 2018 Registration Form



Weeks Attending: (Please Circle)

1 2 3 4 5 6 7 8 9 10 11

Program Runs June 4th - August 17th, 2018

Program Enrollment

(check all that apply)

Leaders in Training: 8am – 12pm

\$55 Family Membership \$65 Youth Membership \$75 Non-Member

Summer Teens: 12pm – 4pm

\$0 Enrollment Cost – Minimal Weekly Field Trip Fee



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Each day teens will be able to be a part of small group activities including sports, music, art, nature, boys/girls group, photography club, STEM, logic, art club, and leaders club.

Week 1: June 4 - June 8: Team Building

Week 2: June 11 - June 15: Obstacles

Week 3: June 18 - June 22: Fitness

Week 4: June 25 - June 30: Sports

Week 5: July 2 - July 6: STEM (No program July 4)

Week 6: July 9 - July 13: Music

Week 7: July 16 - July 20: Team Challenge

Week 8: July 23 - July 27: Arts

Week 9: July 30 - Aug 3: Water Games

Week 10: Aug 6 - Aug 10: Messy

Week 11: Aug 13 - Aug 17: Teen Choice



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YMCA Hilltop Teen Information Form

Teen's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Date of Birth: _____ Age: _____

School attending (2018-2019): _____

Grade (2018-2019): _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Place of Employment _____ Work # _____

Emergency Contact

(if the guardian cannot be reached, who can the YMCA contact in regards to your child)

Name: _____ Relationship: _____

Phone #: _____ Alternative Number: _____

Name: _____ Relationship: _____

Phone #: _____ Alternative Number: _____



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Departure Policy:

If teen signs out of programming for the day they cannot return to programming that day.

Please select one of the options below:

My child can sign themselves out of program before 4pm

I, _____, parent/guardian of _____ give permission for my child to sign themselves out of the YMCA Summer Program. I understand by signing this that once my child leave the YMCA premises the YMCA is no longer responsible for my child.

Parent's Signature: _____

Date: _____

OR

My child can NOT sign themselves out of program before 4pm

I do not give my child permission to sign out of the YMCA summer program or leave the premises without my written consent prior to the end of the programming day.

Parent's Signature: _____

Date: _____

Swimming Permission

I give permission for my son/daughter, _____, to swim at the YMCA this summer, from June 4th - August 17th, 2018. I understand that a lifeguard will be on duty at all times, and that my teen will be required to take a swim test in order to be permitted in the deep end of the pool. I agree to hold harmless the YMCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a YMCA sponsored activity on or off the YMCA premises. I will not hold harmless the YMCA from any liability arising out of negligence of the YMCA.

Parent/Guardian Signature _____

Date: _____

Check all that apply:

My child can swim

My child cannot swim

My child is a beginning swimmer

I am interested in swim lessons

YMCA Hilltop Branch



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Summer Teens 2018 Code of Conduct

1. When you arrive at the YMCA, you must sign in check in with program staff. An information form and signed code of conduct must be on file in order for you to attend. Once you have signed in, you may not sign out until either your ride has arrived, or you are leaving the building to go home.
2. The Leaders in Training program begins at 8am and ends at 12:00pm and the Summer Teens program begins at 12:00pm and ends at 4:00pm. All program participants are expected to sign out, and to have arrangements for transportation at or before 4:00pm. If this is a problem, please speak with the Teen Director or Teen Coordinator.
3. While you are on YMCA property, you will act respectfully toward the other program participants as well as all YMCA staff and members.
4. You are responsible for your own belongings and personal property while at the YMCA. You will also show respect to others' belongings and personal property, as well as the YMCA's property and grounds. The YMCA is not responsible for lost or stolen property; it is recommended you do not bring valuables into the facility, or place them in a locker when you are here. All property brought into the YMCA is subject to being searched by YMCA staff to ensure the safety of all participants.
5. Inappropriate behavior will not be tolerated and may result in immediate suspension. This includes, but is not limited to, use of tobacco, consumption of alcohol, drug use, fighting, verbal put-downs, threats, public affection, obscenities or obscene gestures.
6. A program staff member must know where you are at all times. It is your responsibility to let them know your whereabouts. If you are not with the rest of the program, you must take a pass.
7. You are permitted to use the vending machines. Please do not abuse this privilege as it can be revoked by any staff at their discretion.
8. In order to attend Friday's field trip, you must have attended three out of the four previous days that week and turned in a signed permission slip. Recurring behavior issues will result in not being allowed to attend that week's field trip.
9. The phone is available for you to call home or a guardian only (no social calls!).
10. If you are suspected to be under the influence of alcohol or other substances, you will be asked to leave the property.
11. You are expected to exhibit the YMCA core values of caring, honesty, respect, and responsibility at all times.

Teen's Signature _____

Date _____

Parent's Signature _____

Date _____



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The following information is for United Way reporting, to ensure continuance of our program through United Way funding.

Teen's Name: _____ Age: _____

Race: (circle one)

- | | |
|------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Multiple Races |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Some Other Race (specify: _____) |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Refuse to answer |
| <input type="checkbox"/> Asian | |

Ethnicity: (circle one)

- No, not of Hispanic, Latino, or Spanish origin
- Yes, of Hispanic, Latino, or Spanish origin
- Refuse to answer

National Origin: (circle one)

Are you an immigrant/refugee?

- Yes (If yes, country of birth: _____)
- No
- Refuse to answer

Annual Household Income: (circle one)

- | | | |
|--------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Below \$4,999 | <input type="checkbox"/> \$20,000-\$39,999 | <input type="checkbox"/> Unknown, but free/reduced lunch eligible |
| <input type="checkbox"/> \$5,000-\$9,999 | <input type="checkbox"/> \$40,000-\$59,999 | |
| <input type="checkbox"/> \$10,000-\$19,999 | <input type="checkbox"/> \$60,000-\$79,999 | |
| | <input type="checkbox"/> Over \$80,000 | <input type="checkbox"/> Refuse to answer |

Client Household Size:

List the number of individuals living in your household: ____

YMCA of Central Ohio- Teen Field Trip Permission Form



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Participant's Name: _____ Birth Date: _____

I, _____, parent/guardian of _____,
Parent/Guardian's Name *Child's Name*

give the YMCA of Central Ohio permission to transport my child to _____.

This trip will depart at _____ on _____ and will return at _____ on _____.
Time *Date* *Time* *Date*

I agree to hold harmless the YMCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a YMCA sponsored activity on or off the YMCA premises. I will not hold harmless the YMCA from any liability arising out of negligence of the YMCA. I also give the YMCA permission to transport my child to emergency services if necessary.

Child's Allergies: _____

Medical Conditions: _____

Medications: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*** PHOTO RELEASE ***

Please check the appropriate line in regards to YMCA staff ability to photograph, make slides of, or video of your child for YMCA promotional purposes (ads, brochures, newspapers, recruitment videos) or for on-site activity purposes).

___ I DO give the YMCA staff permission to take my child's picture for promotional purposes or on-site activities.

___ I DO NOT give the YMCA staff permission to take my child's picture for promotional purposes or on-site activities.

Signature of Parent/Guardian _____ Date: _____