



2019 Youth Leadership Registration

One child per form, please. You may copy this form. Please complete both sides. I wish to enroll my child in the Two Rivers YMCA Youth Leadership Academy. Registration will not be complete until the session activity fee has been paid.

The activity fee is non-refundable.

- Session 1: June 3-28 (register by May 17)
- Session 2: July 1-26 (register by June 21)
- Session 3: July 29-Aug 2 (register by July 19)
- Session 4: August 5-9 (register by July 31)
- Session 5: August 12-16 (register by July 31)

Please print in black or blue ink

Youth Information

Name _____

Address _____

City/State/Zip _____

School _____

Date of Birth _____

Primary Contact _____

Age _____ Grade _____ 2017 GPA _____

Ethnicity _____ Gender _____

I would like to make a donation to the Y Annual Campaign that funds this program. \$ _____

Extracurricular Activities: _____

I would like you to know this about my child: _____

Parent/Guardian Information

1. Guardian Name _____

Relationship _____ Date of Birth _____

Mailing Address _____

City/State/Zip _____

Place of Employment _____

Work Phone _____ Home Phone _____

Email Address _____

Cell Phone/Pager _____

Primary Language _____

Date of Birth _____

2. Guardian Name _____

Relationship _____ Date of Birth _____

Mailing Address _____

City/State/Zip _____

Place of Employment _____

Work Phone _____ Home Phone _____

Email address _____

Cell phone/pager _____

Primary Language _____

Date of Birth _____

3. Household Income _____

Check all that apply, give approximate dates

Frequent Ear Infection _____ Convulsions _____

Heart Defect/Disease _____ Diabetes _____

Mononucleosis _____ Hypertension _____

Tetanus Innoculation _____ Asthma _____

Bleeding/Clotting Disorders _____

Youth will be responsible for their own medication. Y mentors will be responsible for reminding them the time to take the medication, but we will not be responsible for administering or lost medication.

Name of family physician: _____

Address: _____

Phone: _____

Date of last physical exam: _____

Clinic/Hospital: _____

Insurance carrier: _____

Dentist or Orthodontist: _____

Phone: _____

Special needs - health, physical, special diet, behavioral or other special instructions for staff awareness: _____

Allergies: _____

Other afflictions or details of above: _____

Current medications (prescription only): _____

Any specific activities to be encouraged or limited by physician's advice: _____

My child may view a PG13 movie at the cinema. Yes No

I allow my student to bring electronic devices (ie: Phone, iPod, etc) to the Two Rivers YMCA Program. I understand the electronic device is my student's responsibility and therefore I will assume all liability if it gets lost, stolen, or broken. Yes No

CELL PHONE AGREEMENT: Cell phones are permitted only in the case of an emergency, and may not be used for any other reason during the program. YLA staff are permitted to temporarily confiscate the cell phone if an issue arises.

SIGNATURE OF PARENT DATE

PROMOTIONAL AGREEMENT: The Two Rivers YMCA has permission to use photographs and videos of my children in YMCA promotional materials.

SIGNATURE OF PARENT DATE

PARENT AUTHORIZATION: I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Two Rivers Young Men's Christian Association (YMCA). This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes which would make him/her an undesirable participant. I understand that repeated disruptive, abusive, rude or otherwise inappropriate behavior will result in the dismissal of my child. The staff will determine when dismissal shall occur. I understand that advance notice of such dismissal is not required. I have studied the brochure and "Parent Guide" and understand the contents thereof. I understand the attendance and refund policies.

SIGNATURE OF PARENT DATE

EMERGENCY MEDICAL AUTHORIZATION: I hereby give permission to the medical personnel selected by the directors/ coordinators to order X-rays, routine tests and treatment for me or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the directors to hospitalize, secure proper treatment for, and order injections(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

SIGNATURE OF PARENT DATE

ACTIVITY AUTHORIZATION

I hereby give permission for my child to participate in activities outside of the YMCA facility, which may include YMCA or public pools and traveling on YMCA or Johannes Buses. I agree to release the Two Rivers Young Men's Christian Association, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in activities. I give permission for my child to participate in neighborhood walks.

SIGNATURE OF PARENT

DATE

TWO RIVERS YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

SIGNATURE OF PARENT

DATE