

TEEN LEADERSHIP DEVELOPMENT REGISTRATION FORM 2016-2017



Teen First Name _____

Last Name _____

YMCA Member? YES NO

Please select the program(s) that you are wanting to register for the 2016-2017 school year and include your deposit(s) when you turn in these forms. Your deposit secures your spot and is applied toward the cost of the program. Please initial next to the payment option you prefer. **Talk with Don Brevik if you would like to set up a monthly payment plan with cash or check as opposed to credit card. We can work with you to set up a payment plan that works for your family so reach out with any questions.** Additional program information and/or program specific paperwork (if required) will be mailed home upon receiving the deposit for program(s) you register for.

PACIFIC REGION CONFERENCE (Grades 9-12)

YMCA MEMBER: \$280

\$60 Deposit Due 9/30/16

_____ I will pay remaining balance of \$220 by 11/14/16
Initial

_____ I authorize the YMCA to charge my credit card equal
Initial installments on the 5th of every month until balance of \$220 is paid by 11/14/16

COMMUNITY MEMBER: \$305

\$75 Deposit Due 9/30/16

_____ I will pay remaining balance of \$230 by 11/14/16
Initial

_____ I authorize the YMCA to charge my credit card equal
Initial installments on the 5th of every month until balance of \$230 is paid by 11/14/16

YLD CLUB (Grades 7-12)

YMCA MEMBER: \$75

\$40 Deposit Due 10/13/16

\$35 Payment Due 11/17/16

COMMUNITY MEMBER: \$100

\$50 Deposit Due 10/13/16

\$50 Payment Due 11/17/16

YLD CONFERENCE (Grades 8-12)

YMCA MEMBER: \$310

\$80 Deposit Due 3/30/17

_____ I will pay remaining balance of \$230 by 5/12/17
Initial

_____ I authorize the YMCA to charge my credit card equal
Initial installments on the 5th of every month until balance of \$230 is paid of by 5/12/17

COMMUNITY MEMBER: \$335

\$85 Deposit Due 3/30/17

_____ I will pay remaining balance of \$250 by 5/12/17
Initial

_____ I authorize the YMCA to charge my credit card equal
Initial installments on the 5th of every month until balance of \$250 is paid off by 5/12/17

YOUTH AND GOVERNMENT (Grades 8-12)

YMCA MEMBER: \$425

\$75 Deposit Due 10/1/16

_____ I will pay remaining balance
Initial of \$350 by 4/1/17

_____ I authorize the YMCA to
Initial charge my credit card equal installments on the 5th of every month until balance of \$350 is paid off by 4/1/17

COMMUNITY MEMBER: \$450

\$80 Deposit Due 10/1/16

_____ I will pay remaining balance
Initial of \$370 by 4/1/17

_____ I authorize the YMCA to
Initial charge my credit card equal installments on the 5th of every month until balance of \$370 is paid off by 4/1/17

(Grades 9-12)
 WASHINGTON H.S.: \$420

\$65 Deposit Due 10/1/16

_____ I will pay remaining balance
Initial of \$355 by 4/1/17

_____ I authorize the YMCA to
Initial charge my credit card equal installments on the 5th of every month until balance of \$355 is paid off by 4/1/17

KIDS NIGHT OUT TEEN LEADER (Grades 8-12)

KNO Application required in addition to this paperwork. Teens choosing to be a KNO Leader must be enrolled in one of the above programs as well.

TEEN LEADERSHIP DEVELOPMENT REGISTRATION FORM 2016-2017



FINANCIAL ASSISTANCE: Financial assistance is provided to everyone on a need basis and allows access to all these programs. If we can serve your family in this way, please complete a Financial Assistance Application online at ymcapkc.org or at any branch.

PAYMENT METHOD

- Check (made payable to: YMCA of Pierce and Kitsap Counties)
- Credit Card (Visa, Mastercard, American Express, Discover)

Amount to be charged on card (for deposits): \$ _____

Name on Card: _____

Card Number: _____ Expiration Date: _____

Cardholder's Signature _____ Date: _____

Cardholder's Phone Number _____

ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

I accept financial responsibility for fees incurred throughout the program(s) I am registering for. All payments are geared toward specific program costs. I understand that my teen may choose to apply any Kids Night Out Teen Credit earned toward any outstanding balance. I understand a duplicate of this registration form will be sent to me as confirmation of registration for any of the YMCA Teen Leadership Development Program(s) checked above, in addition to a receipt for my deposit(s). A written cancellation notice with parent/guardian signature is required to officially cancel if participant is under the age of 18 years old. I understand that termination from any program requires payments that are due, according to specific program payment schedule, as of cancellation date.

Parent/ Guardian Signature _____ Date _____

Please return all forms along with your deposit(s) to Don Brevik.

YMCA OF PIERCE AND KITSAP COUNTIES

Teen Leadership Programs Health Form



Please note this form will be kept on file until your teen graduates or is no longer participating in Teen Leadership programs.

Teen Full Name _____

Birthdate _____ Age _____ Grade _____ Shirt Size _____

Address _____ City _____ Zip Code _____

Cell Phone _____ Teen Email _____

Primary Parent/Guardian Full Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Parent Email _____

Secondary Parent/Guardian Full Name _____

Home Phone _____ Cell Phone _____

Work Phone _____ Parent Email _____

Is participant covered by medical/hospital insurance? Yes No

Insurance Carrier/Plan Name _____ Insurance ID _____

Group Number _____ Name of Insured _____

Relation to Participant _____

Emergency Contact Name and Phone Number _____

Is the participant on any medication? No Yes: _____

Does the participant have any food/drug allergies or dietary restrictions?

No Yes: _____

Does the participant have any medical concerns?

No Yes: _____

PARENT/GUARDIAN AUTHORIZATION

As the parent/legal guardian, I give full authorization to the YMCA of Pierce and Kitsap Counties staff or designated adult leaders to secure medical care or treatment for the participant named above. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the event staff. In the event the participant as named above is injured or become seriously ill and I cannot be reached, I authorize any and all hospitalization, medical, dental and/or surgical treatment advisable by the circumstances. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. The YMCA will not cover costs incurred.

I understand that some activities may require travel outside of the city/county limits, State of Washington, and/or across international borders and will be notified by a permission slip prior to said event(s). I authorize the YMCA of Pierce and Kitsap Counties to use any photographs, slides, moving pictures or television videotape of the person named on this registration for any future promotional purposes.

Parent/ Guardian Signature _____ Date _____

RELEASE, WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT

In consideration of being permitted to utilize the facilities, services and programs of the YMCA of Pierce and Kitsap Counties (YMCA) or for my children to so participate, for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children 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 program 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 by the undersigned and such children.

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 OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all 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 or such children whether caused by the ordinary negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children 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 ordinary negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to ordinary negligence of releasees 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 foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington 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 and understand this document and release:

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

YMCA OF PIERCE AND KITSAP COUNTIES

Teen Leadership Development Programs: Code of Conduct

The Y Teen Leadership Development Programs provide opportunities for all teens to get involved programs that help build a sense of self-worth in a safe environment.

Because of the diverse makeup of all our participants, volunteers and staff, their backgrounds, experiences, and family, it is expected that each person will treat each other according to the YMCA core values of Honesty, Respect, Responsibility, and Caring.

Participation in any of the Teen Leadership Development Programs is a privilege and not a right. Any actions or behaviors that do not uphold our Y core values and/or break our SAD-TV rules will not be tolerated. Those choosing to break any of these expectations during any Y programming may be removed from programs at the discretion of Teen Leadership Director. The SAD-TV Rules are as follows:

Sex includes, but not limited to: any physical sexual behavior between individuals, sexual explicit comments/innuendos, and/or sharing of any sexual images.

Alcohol includes, but not limited to: purchasing/bringing, consuming, distributing any alcoholic beverages during a Y event. This also includes arriving intoxicated to any Y event.

Drugs includes, but not limited to: purchasing, distribution, or use of any illegal substance or prescription drug not prescribed to the intended user. This also includes arriving under the influence of drugs to any Y event.

Tobacco includes, but not limited to: purchasing, distribution or use of any tobacco product during any Y event.

Violence/Malicious Behavior includes, but not limited to: any physical contact that causes injury to others or self, any threat of physical injury to others or self, any intentional bullying, name calling or ostracizing of any participant, volunteer or adult.

CODE OF CONDUCT ACKNOWLEDGEMENT

› I understand that the ground rules (no alcohol, drugs, tobacco products, sex, violence/malicious behavior) apply to all YMCA events/programs and will not be tolerated. I agree to abide by these rules, or risk the possibility of being sent home at my parent's expense and/or removed from programs.

› I understand that YMCA Teen Leadership Development programs and Kids Night Out events are a privilege, not a right. My performance in the programs will determine whether or not I am able to participate in future events.

› I understand that I am responsible for my behavior/language and I will do my best to create a positive experience for all involved.

› I understand that if I have knowledge of others breaking SAD-TV, that I will do the responsible thing and inform the Teen Leadership Director.

› I have read and understand the YMCA Teen Leadership Development Programs Code of Conduct and agree to abide by it while participating in programming. I understand that failure to adhere to the Code's minimum standards of conduct may result in my immediate expulsion from YMCA Teen Leadership Development programs.

Teen's Printed Name _____

Teen Signature _____ Date _____

Parent/Guardian Signature _____ Date _____