

# Y Achievers Official Program Application

(Please complete all information to the best of your ability. No incomplete applications will be accepted.)

**Student's Name:** (Please print neatly.)

Birth Date	Gender		
Address	City	State	ZIP
Phone #	Email		
School	Grade		

## PLEASE CHOOSE A LOCATION AS YOUR HOME BRANCH

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Bayer YMCA                       | <input type="checkbox"/> Downtown Belleville YMCA – Kern Center | <input type="checkbox"/> Four Rivers Family YMCA      | <input type="checkbox"/> O'Fallon Park Rec Complex      |
| <input type="checkbox"/> Carondelet Park Rec Complex      | <input type="checkbox"/> Downtown St. Louis YMCA at the MX      | <input type="checkbox"/> Jefferson County Family YMCA | <input type="checkbox"/> South City Family YMCA         |
| <input type="checkbox"/> Chesterfield Family YMCA         | <input type="checkbox"/> East Belleville YMCA                   | <input type="checkbox"/> Kirkwood Family YMCA         | <input type="checkbox"/> South County Family YMCA       |
| <input type="checkbox"/> Collinsville Maryville Troy YMCA | <input type="checkbox"/> Edward Jones Family YMCA               | <input type="checkbox"/> Mid-County Family YMCA       | <input type="checkbox"/> St. Charles County Family YMCA |
|   | <input type="checkbox"/> Emerson YMCA                           | <input type="checkbox"/> O'Fallon YMCA – IL           |   |
|   | <input type="checkbox"/> Four Rivers Family YMCA                | <input type="checkbox"/> O'Fallon YMCA – MO           |   |

## PARENT INFORMATION:

### Parent/Guardian #1

Address			
City	State	ZIP	
Home Phone #	Email		
Place of Employment			
Work Phone #	Work Email		
Alternate Phone #			

### Parent/Guardian #2

Address			
City	State	ZIP	
Home Phone #	Email		
Place of Employment			
Work Phone #	Work Email		
Alternate Phone #			

## DEMOGRAPHIC INFORMATION (Optional – used for funding purposes ONLY)

### Race (Check one)

- African-American     Asian     Caucasian     Hispanic/Latino     Multiracial     Native American     Other

### Household Income (Check one)

- \$0 – \$30k     \$30k – \$50k     \$50k – \$75k     \$75k – \$100k     \$100k – \$125k     \$125k +

### School Type (Check one)

- Home School     Parochial     Private     Public     Charter

### Would you be a First Generation college graduate? (Check yes if your parents did not graduate college)

- Yes     No

## PROGRAM LEVEL YOU ARE APPLYING FOR:

- Teen Achievers (9th–10th Grades)  
 Future Leader Achievers (11th–12th Grades)

### List three careers that you are interested in:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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(continued)

## PARENTAL/GUARDIAN CONSENT & EMERGENCY CONTACT FORM

**Applicant's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Health Insurance Coverage & Policy Number (required)** \_\_\_\_\_

**Special Disabilities, Allergies (including medication reaction) and/or Dietary Information** \_\_\_\_\_

**Currently taking medication(s)** \_\_\_\_\_ **If yes, please provide a list of medications** \_\_\_\_\_

We will make every effort to contact the parent/guardians listed above in the event of an emergency involving your child. The person listed below will be contacted if we cannot successfully reach you.

**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

My signature below indicates that I give permission for the YMCA to obtain emergency medical care, administer minor first aid procedures, take my child on walks and trips associated with the YMCA Achievers activities, use the YMCA facilities, including swimming pool, fitness center, weight room, etc., and for the YMCA to transport my child.

I agree, in consideration of my child's use of the YMCA programs and facilities, to indemnify and hold harmless the Philadelphia Freedom Valley YMCA, its branches, agents, employees (hereinafter collectively referred to as the "YMCA") from and against all claims, losses and expenses including but not limited to death, bodily injury, emotional harm or property damage (including total loss thereof) arising out of or connected with my child's use of the YMCA premises, provided that I shall not be obligated to indemnify the YMCA hereunder for any claim resulting from the deliberate acts or due to the sole negligence of the YMCA or its employees. I also grant permission for my child to be included in evaluations, photographs and referral services connected with YMCA programs, including all those that require the sharing of general information with non-profit third-party agencies outside of the YMCA. Intending to be legally bound, the undersigned have placed their signatures:

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

### CODE OF CONDUCT

1. I will not use tobacco products, alcohol or illegal narcotics, contraband or weapons while participating in YMCA Teen Programs activities.
2. I will not borrow anyone's property without asking.
3. I will fully cooperate with staff and volunteers in YMCA Teen Programs activities.
4. I will not engage in any inappropriate displays of affection. (Friendly hugs are acceptable.)
5. I will participate in and attend all scheduled activities. I will arrive on time.
6. I will not involve myself in the playing of pranks. I understand that pranks can be harmful in many ways and I will report to an adult any knowledge of playing pranks.
7. I will respect all people and property, as well as any places we visit.
8. I will respect others' opinions and I will live by the "House Rules" established by YMCA Teen Programs.

### YMCA TEEN PROGRAMS GUIDELINES

1. All participants of the YMCA Teen Programs must be registered and approved by YMCA staff. If you wish to have a visitor, please speak to your Coordinator or Advisor.
2. YMCA staff must administer all medications, prescription and/or non-prescription, if during YMCA Teen Programs activities. All medications must be in their original containers with written guidelines for administration. Medication must be submitted with a separate consent form.
3. Please report all injuries and incidents to YMCA staff immediately.
4. Any electronic equipment, valuables, jewelry, etc. are the sole responsibility of the YMCA Teen Programs participant. The Gateway Region YMCA its branches, YMCA of the USA or any other site will not be held responsible for lost or stolen items. Please use good judgement when deciding what to bring during YMCA Teen Programs activities.

I have read and understand the above Code of Conduct and YMCA Teen Programs Guidelines and I accept full responsibility for my behavior while participating in YMCA Teen Programs.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_