

YEARTH SERVICE CORPS™

We build strong kids, strong families, strong communities.

PARTICIPANT INFORMATION

Student's Name _____ Student's Age _____

Student's Address _____

Student's Date of Birth _____ Student's Email Address _____

Family's Email Address: _____

School _____ Grade _____

Mother's Name (or legal guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Father's Name (or legal guardian) _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY CONTACTS (If parents not available)

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Student _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Physician _____ Phone _____

PERSONS TO WHOM CHILD MAY BE RELEASED

Name _____ Relationship to Student _____

Name _____ Relationship to Student _____ **(OVER>)**

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SPECIAL NEEDS INFORMATION (Medical, Physical, Behavioral)

Health History: Asthma Allergies Dietary ADD ADHD
Insect Stings Poison Ivy Seizures Other

Please describe *any* behavioral and/or medical issues (either professionally identified or non-diagnosed) of which YMCA directors should be aware:

If your child does not have a professionally identified special need, but there is something you could share with us that would help us better work with your child, please describe.

Does your child have an individual aide at school? Yes No

If so, will an aide be attending YESC with your child? Yes No

Does your child take any medications for a professionally identified medical or behavioral special need? Yes No

Will prescription medication need to be administered during YESC hours? Yes No

Medications/Treatment:

Please list all medications (including those administered at home).

Does child require any accommodations? Please explain.

Medical Insurance Carrier _____ Group# _____ Child's ID _____

YESC Staff May Administer (Check all that apply) (**Administration will require completion of Daily Medicine Log or Faxed authorization**)

Acetaminophen Ibuprofen Benedryl Antacid Other _____

The above accurately represents my child's current medical information.

Signature of Parent or Guardian _____ Date _____

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YESC TRIP RELEASE FORM

I give permission for the YMCA of the Upper Main Line to seek medical treatment for my child in my absence in the event of any emergency. _____(initial)

YMCA of the Upper Main Line staff may dispense medication from the original container as indicated on the medication log. _____(initial)

I give permission for the YMCA of the Upper Main Line to transport my child to program activities. _____(initial)

I give permission for the YMCA of the Upper Main Line to use any photos taken of my child during YESC activities for promotional purposes of the YMCA of the Upper Main Line. _____(initial)

I understand that YMCA of the Upper Main Line activities have inherent risks and I hereby assume all risks and hazards incident to my child's participation in all YMCA of the Upper Main Line activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA of the Upper Main Line, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my child's participation with YMCA of the Upper Main Line programs. _____(initial)

(Sign here if all items above have been initialed)

My signature here indicates my understanding and acceptance of all items listed above as indicated by my initials.

Signature of Parent or Guardian _____ Date _____

(Sign below if refusing to initial any of above)

I have read this release and choose to waive permission for the above items as evidence of my not initialing those areas.

Signature of Parent or Guardian _____ Date _____

UPPER MAIN LINE YMCA BEHAVIORAL EXPECTATIONS FOR EARTH SERVICE CORPS

YMCA staff are trained to address procedures for modifying inappropriate behavior in our participants. To establish baseline conduct parameters we ask that parents review these behavioral expectations with their teens. The Camp staff will treat each other and all participants in accordance with the YMCA Core Values of Caring, Honesty, Respect and Responsibility. We expect each participant to do the same. The guidelines we have established in all of our programs are to ensure each teen's safety. We expect that parents and teen will review the behavior policies set in place and agree to the conditions together. A parent must sign off on behavior standards.

Participants are expected to be able to take direction and comply with the rules and procedures concerning safety. Other participant's time and well-being may not be compromised by behavior that may jeopardize their physical or emotional safety. At the Upper Main Line YMCA there is a five-part discipline procedure. Major offenses involving destruction of property, harm to oneself or others, or extreme acts of insubordination may start with step three.

Five Step Process

1. Warning and Redirection from Staff
2. Warning with Age Appropriate Time Out Assignment, Staff Intervention & Phone Call Home
3. Parent Conference with Teen & Staff plus 1-Day Suspension from all UMLY Programs
4. Suspension for Five Days from all UMLY Programs
5. Hearing before Program/ Membership Committee

YMCA HOUSE RULES

1. Speak for yourself, not for anybody else
2. Listen to others and they will listen to you
3. Avoid put downs – who needs them
4. Take responsibility for your actions
5. Show respect, every person is important
6. Leave areas cleaner than you found them
7. All children must follow the rules of the swimming pool, bus, van, park, building and any other area.
8. Participants may not leave their group without permission.
9. Destruction of property or equipment is prohibited.
10. Foul language, theft, fighting and overt verbal or physical aggression are prohibited.
11. Smoking, selling, and/or using alcohol, cigarettes or drugs will be cause for dismissal.
12. Weapons and toys resembling weapons are not permitted.
13. Throwing of any objects will not be allowed.
14. In order to alleviate theft and damage, prior approval from the director of the program is required to bring personal items worth a great deal of money.

I have read and understand the above. _____
(Parent/Guardian Signature) (Date)

I have read and understand the above. _____
(Participant Signature) (Date)