



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEENS IN ACTION



## 2022 Summer Teens in Action Program Reidsville Family YMCA

**YMCA Summer Teens in Action:** The Reidsville Family YMCA is proud to offer an innovative teen program. 13-18 year old teens can apply to our program to gain a free summer membership and take part in personal and team development activities throughout their session. Activities include; assisting with our summer day camp, shadowing full time directors, college tours, financial literacy classes, and physical fitness. Sessions are 4 weeks long and teens must participate in at least 6 activities each week to remain in the program. An application completed by the teen and interview are required prior to registration.

**AGES:** 13-18\* year olds (18-year-olds must be rising High School Seniors)

### **PROGRAM BENEFITS:**

FREE Teen Membership throughout 4-week program will allow teens to access the YMCA facility to workout or attend group exercise classes when not participating in a program activity.

### **Teens apply at the YMCA front desk!**

Contact Jennifer Stadler, Program Director at (336) 342-3307 or [jennifer.stadler@ymcagreensboro.org](mailto:jennifer.stadler@ymcagreensboro.org) for details.

# 2022 Teens in Action Registration

*Please print all information clearly*

Teen Full Name: \_\_\_\_\_

For Office Use Only:  
Date turned in:

Home Address: \_\_\_\_\_

ID: \_\_\_\_\_  
JUN22 or JUL22  
08FSTEENS

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Teen Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Upcoming Grade (Fall 2022) \_\_\_\_\_

T-Shirt Size (circle one):    AS    AM    AL    AXL

Circle session you are applying:    June 13th-July 8th        *OR*        July 18th-August 12th

Ethnicity (optional):

Caucasian    African American    Asian    Hispanic    Native American    Bi Racial    Other \_\_\_\_\_

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency Contacts (other than parents/guardians)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

## Teen Health History and Behavior Profile

1. Does your teen wear glasses/contacts: Yes: \_\_\_ No: \_\_\_
2. Do they currently under care of a physician: Yes: \_\_\_ No: \_\_\_  
If yes, please explain why \_\_\_\_\_
3. Do they currently taking any medications? Yes: \_\_\_ No: \_\_\_  
If yes, please explain what \_\_\_\_\_
4. Do they have any allergies? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
5. Do they need special assistance of any type? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
6. Has your teen had a recent injury: Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
7. Does your teen have diabetes, seizures and frequent fainting/dizziness? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
8. Does your teen have any back, neck, or shoulder pain or injury? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
9. Does your teen have a history of health problems or high blood pressure? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_
10. How does your child interact with kids younger than them?  
\_\_\_\_\_  
\_\_\_\_\_

11. Are there any behaviors we should be aware of that may affect their interaction with others at the Y? Yes: \_\_\_ No: \_\_\_ If yes, please explain \_\_\_\_\_

12. Does your child have any experience being picked on or bullied in school? Yes: \_\_\_ No: \_\_\_  
If yes, please explain \_\_\_\_\_

## Field Trip Permission: Bus

I give permission for my teen, \_\_\_\_\_, to be transported by YMCA bus to and from scheduled field trip locations and outings during the Summer of 2022.

I understand that the YMCA will abide by all the safety rules when my teen is transported by bus. The YMCA will also notify me each time that my teen is to participate in an activity that would involve transportation.

I understand that my teen will be in the company of other teens and within sight of a YMCA employee at all times while on field trips. I further understand that if my teen is dropped off at the YMCA after the YMCA bus has departed then they will not go on that field trip. Your teen may not be dropped off at any other location other than the Y. I understand that the YMCA will not be responsible for my teen's personal belongings while on field trips, including any money and/or souvenirs.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Teen: \_\_\_\_\_ Date: \_\_\_\_\_

## **Teen Code of Conduct**

It is expected that as our guest you will follow all the rules and regulations set below. Please be aware that staff has the right to deny you entry if you are acting at all suspicious. Staff also has the right to ask you to leave at any time if there are any violations of any rules set below. Please initial each number in the code of conduct.

**PLEASE HAVE TEEN INITIAL EACH LINE**

1. The YMCA is a DRUG, WEAPON and ALCOHOL FREE area, any violation of this policy will result in the calling of local authorities and being banned indefinitely from the facility. \_\_\_\_\_
2. Foul language will not be tolerated. Swearing and other offensive words are not allowed. \_\_\_\_\_
3. Bullying (including cyber bullying), hazing, harassment, intimidation, name-calling, sexual innuendos, and verbal and physical aggression are prohibited. YMCA staff will have final say on what is considered offensive or bullying. \_\_\_\_\_
4. Inappropriate physical contact will not be tolerated. This includes pushing, punching, kicking, slapping, hitting or anything else considered unsuitable, such as sexual behavior, for the YMCA atmosphere. YMCA staff has final say on what is inappropriate. \_\_\_\_\_
5. Adult locker rooms are OFF LIMITS; you may use youth locker rooms. \_\_\_\_\_
6. Using equipment in an inappropriate fashion will result in dismissal. YMCA staff will have final ruling on what is unacceptable. \_\_\_\_\_
7. Upon arriving at our facilities you must sign in by printing your name, arrival time, date and signature in the Teen Program book at the front desk. \_\_\_\_\_
8. Teens will clean up after themselves. Dispose of trash and leave areas clean and organized. \_\_\_\_\_
9. Should a teen be dismissed from the YMCA, he/she must vacate the building/surrounding property and will have his/her membership terminated. \_\_\_\_\_
10. The Y reserves the right to inspect any bag a teen brings into a branch or on our property. \_\_\_\_\_
11. Teens will not in any way endanger themselves or others while on YMCA property and/or while participating in YMCA events. \_\_\_\_\_
12. Any theft or suspicion of theft will be investigated by YMCA staff and local authorities if necessary. Participant may be subject to dismissal from program, banning from facility, and/or legal actions. \_\_\_\_\_
13. Overall time spent in Y facility will be limited around program participation time. YMCA staff have final say in how much time is able to be spent at the Y. \_\_\_\_\_

## **The Discipline Policy**

1. If a teen is unable to comply with the behavior expectations, the teen will meet with the Program Director and the parent/guardian will be notified in writing or will receive a phone call.
2. If a teen has a 2<sup>nd</sup> behavior incident, they will meet with the Program Director and Executive Director, a behavior contract will be made, and the parent will be notified over the phone as well as in writing.
3. If the teen's behavior continues to be disruptive and/or unsafe, the teen will be subject to suspension or dismissal from the program and the program provided membership will be terminated.

4. Failure of the parent(s)/guardian(s) to discuss the behavior in person or over the phone and cooperate, will subject the teen to suspension or dismissal and the program provided membership will be terminated.

\*We reserved the right to bypass the steps in our discipline policy depending on the severity of the situation or the outcome of the meetings with the Program Director.

I, the undersigned parent or guardian of \_\_\_\_\_ (teen's full name), do hereby state that I have read and understand the Rockingham County YMCA Teen Code of Conduct and Discipline Policy. I, \_\_\_\_\_, (teen's full name) understand that I am a guest of the Reidsville YMCA and shall abide by its rules at all times, anywhere on YMCA property, or anywhere offsite while participating in a YMCA activity or event. I understand the YMCA celebrates its four core values (caring, honesty, respect and responsibility) and I am expected to reflect these characteristics at all times. I agree to be respectful to staff, members, equipment and facilities, and will comply with these rules at all times. I certify all information on this document is correct. Should you break this contract, your membership will be suspended or terminated. Please read carefully before signing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Teen: \_\_\_\_\_ Date: \_\_\_\_\_

## **Participant Agreement**

The Rockingham County YMCA offers a safe environment for teens throughout but not limited to the Reidsville area to work, learn and have fun. In order to gain participant status, all teens must agree to the following:

1. Completion of the application process and interview.
2. Completion of the code of conduct.
3. To remain in appropriate areas of the building. Therefore, allowing other members and programs use of the facilities.
4. Follow all rules stated in this contract.

I have read all the above Participation Agreement and abide by its terms.

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Teens in Action Questionnaire**

Why are you interested in participating in the Teens in Action program?

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What extracurricular activities have you participated throughout school or summer time?

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What do you like to do for fun?

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How would your friends and family describe you?

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How do you handle conflict with a friend?

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What do you hope to gain from the program?

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Describe a time when you have worked with children between the ages of 5 and 12 years old?

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What are your plans for career or post high school education?

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What is something you are passionate about? Why?

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## **Release and Waiver of Legal Liability**

### **Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue**

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT.** Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in YMCA of Greensboro, Inc (YMCA) Programs, now or any time in the future.

#### **Acknowledgment of Risk**

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA program activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA program participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA program participation and that said list in no way limits the operation of this Agreement.

#### **Coronavirus / COVID-19 Warning & Disclaimer**

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA of Greensboro programs or accessing YMCA of Greensboro facilities could increase the risk of contracting COVID-19.** YMCA of Greensboro in no way warrants that COVID-19 infection will not occur through participation in YMCA of Greensboro programs of accessing YMCA of Greensboro facilities.

#### **Waiver, Release, Indemnification & Covenant Not to Sue**

In consideration of \_\_\_\_\_'s participation in YMCA of Greensboro and YMCA programs, I, \_\_\_\_\_, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA of Greensboro, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greensboro on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA of Greensboro facilities/equipment or participation in YMCA of Greensboro programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of the named minor's participation in YMCA programs, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes

Initial \_\_\_\_\_

of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA programs participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA programs participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA programs and that by signing this agreement I, on behalf of myself and the named minor, **HEREBY RELEASE** Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments, which would preclude his/her safe participation in YMCA programs.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

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Participant Name (Print Clearly)

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Date

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Parent/Guardian Signature

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Parent/Guardian Name (Print Clearly)