



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hayes-Taylor Memorial YMCA Achievers Program

STUDENT APPLICATION

Please Print:

DATE OF APPLICATION: _____

ACHIEVER INFORMATION

LAST NAME: _____ FIRST NAME: _____

GENDER: _____ DOB (mm/dd/yyyy): _____ YEARS IN THE PROGRAM: 1 2 3 4 5
(CIRCLE ONE)

E-MAIL ADDRESS: _____ CELLPHONE: _____

SCHOOL NAME: _____ GPA: _____ CURRENT GRADE LEVEL: _____

PARENT/GUARDIAN INFORMATION

NAME: _____
Last Name *First Name*

STREET ADDRESS: _____

CITY: _____ State: _____ ZIP: _____

BEST PHONE CONTACT: _____ WORK PHONE: _____

E-MAIL CONTACT: _____
(PLEASE PRINT)

ALTERNATE CONTACT (OTHER THAN PARENT/GUARDIAN) RELATIONSHIP: _____

NAME: _____
Last Name *First Name*

EMERGENCY PHONE CONTACT: _____

Will your child be a first generation college student? Y or N (They are still considered first generation even is a sibling has/is attending college) Will your child be taking SAT/ACT Prep? Y or N Is your youth involved in other activities (school, church, work, etc.)? Please identify:



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ACHIEVER TRAVEL WAIVER

Name *(Please Print)* _____ Age _____

Address _____ Cty/Zip _____

Home Phone _____ Sex _____

Parent(s)/Guardian(s) Name(s) *(Please Print)* _____

Parent(s)/Guardian(s) Work Telephone No(s) _____

Person to call in case of emergency if a parent/guardian cannot be reached:

Name _____

Phone _____

Person who may pick up child (other than parent(s) or guardian(s) listed above:

Name _____

Phone _____

Name _____ Phone _____

Special Instructions: _____

Medical Authorization. I, the above referenced child's parent/guardian, understand that in case of the illness or injury of my child, the Branch will notify me or the emergency contact person listed above. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch staff or officials to obtain the necessary medical care and/or treatment, including but not limited to first aid, x-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of Insurance Company: _____

Insurance policy Number: _____

If requested by emergency medical personnel, the Branch will provide the following information

Preferred Hospital: _____ Physician's Name & Phone #: _____



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Acknowledgement of Risk of Injury/Release and Waiver: I acknowledge and understand that there may be risk of injury involved in the activities that my child will engage in during participation in the Program. In consideration of the Branch allowing my child to participate in the above referenced program, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Branch, the YMCA of Greater Winston-Salem, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as other respective personal representatives, assigns, heirs, and next of kin, for any and all claims suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities or the above referenced Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

Dress Code. The parent/guardian understands and acknowledges that proper attire must be worn at all times. Clothes that are too revealing or inviting are prohibited from said program. The Program reserves the right to take appropriate disciplinary action, up to and including dismissal from the program, with respect to all Program participants. Unacceptable clothing includes:

- Athletic wear (i.e. sweatpants, basketball pants, etc.)
- Pajama outfits
- Sagging pants – no undergarments showing

Lost or Stolen Items. The parent/guardian agrees by signing below that the YMCA is not responsible for lost, damaged, or stolen items that are brought to the Program. It is the responsibility of the program participants to watch after their own belongings.

Photographs. Photographs will occasionally be taken of the children during the Program times. By signing this registration form, I consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

Discipline. The undersigned parent/guardian understands and acknowledges that the Program reserves the right to take appropriate disciplinary action, up to and including dismissal from the Program, with respect to all Program participants. This policy includes the strict enforcement of activities associated with the use of tobacco products at the Program, the use of illegal substances, fighting, and the possession of weapons at the facility.

I the undersigned parent/guardian of the child listed above have read this registration form and release agreement and understand all of its terms. I hereby execute it voluntarily and with full knowledge of its meaning and significance.

IN WITNESS WHEREOF, I have executed this registration form and release agreement on the ____ day of _____, 20__.

Signature of Parent/Guardian

Print Name of Parent/Guardian



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SCHOOL INFORMATION & SURVEY RELEASE & ACKNOWLEDGEMENT

I authorize the school which my child attends to release to the YMCA of Greensboro, my child's academic, attendance, behavioral, & personal contact information for any school year in which my child participates in the program by school personnel. I understand that this information may be used to confirm application requirements & for statistical purposes. Confidentiality is maintained.

I give my consent for myself and my child to participate in all assessment and evaluation services and I consent to my child completing surveys containing questions about school, home life, and personal interests. (Such surveys are used for statistical purposes.)

My Life Survey Release and Acknowledgement

By participating in this survey for YMCA of Greensboro, I represent that (1) I am at least 13 years of age or older, (2) I have my parents' permission to submit the information requested in the survey.

I hereby give my irrevocable release, permission and consent to YMCA of the USA, its agents, successors and assignees the right to use, print, publish, reproduce and license, in any manner whatsoever, my survey responses. I understand and agree that my survey response submission may be used as part of a derivative work made there from by YMCA of the USA.

By submitting my survey response, I hereby grant all rights and interests in my responses to YMCA of Greensboro. I understand that YMCA of Greensboro will use only my responses and demographic information.

I submit my survey response with the understanding that I will not receive any consideration, including financial or other compensation, now or in the future, for the use of my survey response.

Child's Name: _____

Name of Parent: _____

Contact Information: _____

Address: _____

Telephone number: _____

Parent Signature: _____

School: _____