



YOUTH/TEEN PROGRAM REGISTRATION FORM

YMCA of Downtown Manchester

Please select the Teen/Youth Program your child participates in:

- Y-STRIVE Y-STAY Power Scholars Teen Center

Child's Full Legal Name: _____
DOB: _____ Grade: _____ School: _____ Male Female Other
Child's Address: _____ City: _____ State: _____ Zip: _____
Parent/Legal Guardian 1: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Place of Employment: _____ Work Phone: _____
Parent/Legal Guardian 2: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Email: _____
Place of Employment: _____ Work Phone: _____

***If applicable, please provide copies of any documents pertaining to the custody of the child.**

Emergency Contact & Additional Pick-up Person(s) when parent/guardian cannot be reached. Please list someone other than parent/guardians.

Emergency/Additional Pick-up Person(s):
Name 1: _____ Relationship to Child: _____
Home Phone: _____ Cell: _____ Work: _____
Name 2: _____ Relationship to Child: _____
Home Phone: _____ Cell: _____ Work: _____

The YMCA Teen/Youth Program has permission to: Include my child in trips using Y designated transportation: yes no
Utilize pictures of my child for print and electronic promotional purposes: yes no
View movies and videos to support academic curriculum: G PG PG-13
Swim without a life jacket or adult assistance: yes no

Chronic conditions, allergies, medications, or other comments: _____
Child's Physician: _____ Phone: _____
Address for Child's Physician: _____
Health Insurance Carrier: _____ Policy #: _____

Information is used for statistical purposes and grant applications.

How many people live in your household? 2 3 4 5 6 7 8 8+

Choose all that apply:
 White Black Asian Hispanic American Indian Native Hawaiian Other

Ethnicity of Child Hispanic Non Hispanic

Parent/Guardian Marital Status Single Married Separated Divorced Widowed

Household Income: (select one)
<\$10,000 \$10,000-\$25,000 \$25,001-\$35,000 \$35,001-\$45,000 \$45,001-\$55,000 \$55,001+

Primary Language Spoken at Home: _____

- I hereby give permission for the staff of The Granite YMCA to provide first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendant to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by program personnel as soon as possible regarding any emergency involving my child.
- I/we understand if medication is required during program I must complete a Permission to Administer Medication form with the Director
- I/we the undersigned have read and agree to abide by all policies stated on the policy page. Failure to comply with these policies may result in removal of the child from the program without notice or refund.
- All the information provided in this application form is true as of the date noted below. I/we agree to notify the Y in writing immediately if any information on the application changes while the child is enrolled in the YMCA Youth/Teen Program.
- I/we understand the person(s) recognized as legal guardian(s) for this child and any other person signing this agreement is/are responsible for fulfilling all obligations of this contract.
- I realize my son/daughter may participate in activities and programs that are physical in nature and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities I agree to assume such risk and further agree to hold harmless The Granite YMCA, its staff and volunteers from any and all claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- For the security and safety of our members please be aware that individuals in our facilities and riding in our vehicles may be under video surveillance.

Parent/Guardian Signature _____ Date _____