



YMCA Black Achievers Registration Form



PERSONAL DATA (Print neatly in pen. No pencils, please.)

Name _____
First Middle Initial Last Preferred Name

Address _____ City _____ Zip _____

Birth date _____ Gender _____ School _____ Grade (as of Aug 2011) _____

Home Phone _____ Cell Phone _____

E-mail Address: _____

PARENT/GUARDIAN INFORMATION

Mother/Guardian's Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

Father/Guardian's Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address: _____

EMERGENCY CARE INFORMATION

Name of Doctor _____ Phone # _____

Name of Dentist _____ Phone # _____

Insurance Carrier _____ Policy # _____ Hospital Preference _____

Other emergency contacts:

1. Name _____ Relationship _____
 Home # _____ Work # _____ Cell # _____

2. Name _____ Relationship _____
 Home # _____ Work # _____ Cell # _____

2011-2012 PROGRAM POLICY AND PROCEDURES

I understand that by signing this form, I give permission for my youth, whose name is listed above, to participate in the YMCA Black Achievers program and hereby acknowledge that the YMCA Black Achievers program nor the Cleveland County Family YMCA Association are not liable for any harm or injury while in the program or any program related trips. Furthermore, I acknowledge that a violation of the program or YMCA policies will result in the termination of my youth's participation in the program, and no refund will be administered.

 Parent/Legal Guardian Signature

 Date

Waivers/Permission

1. I permit my child to participate in activities the YMCA conducts outside the YMCA facilities.
2. **Field Trips** - I permit my child to leave the YMCA on authorized trips under the supervision of the YMCA staff. I may review a written schedule of activities to be conducted off the YMCA premises.
3. **Photography** - I permit the YMCA to use images of my child as a YMCA program participant in internal and external promotional material. This includes any printed material, broadcast and print advertising, promotional videos and the YMCA Web site which are produced or published by the YMCA. I also permit the YMCA to use images of my child in broadcast and print media news coverage of the YMCA. I understand that my child's name is not published.

Payment Policies

I understand policies concerning payment, cancellation and refunds. **I may not register my child for a new program until outstanding balances due on past programs are paid.**

4. **Payments** - The Cleveland County Family YMCA has 2 payment options available:
 - 1) Automatic Bank Draft or Credit/Debit Card
 - 2) Payment in Full due at the time of registration.**Children will not be accepted into the program with balances due on their account.**
5. **Insufficient Funds** - If my bank returns a draft or check, due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$30 for each returned check or draft. I will need to send cash, money order or a certified check for the draft or check within 10 business days after I receive a notification letter from Debt Check Recovery System. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. **If I have two returned drafts or checks within a six-month period, I will no longer have the bank draft or check payment privilege and will be required to pay full program fees in cash, in advance.**
6. **Cancellations:** Non-attendance does not relieve me of the responsibility to pay for the program.
7. **Refunds** - I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation, cancellation or when YMCA programs are cancelled due to inclement weather. Program payment is not transferable from one YMCA program to another nor from one YMCA branch to another.

Medical Treatment Policies

8. **Accident Insurance** - Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs.
9. **Medication** - The YMCA does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. However, in the event of an emergency in which the parent cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the child.
10. **Blood Borne Pathogen Exposure** - I understand that, while my child is in the care of the YMCA, if a child is exposed to a body fluid on broken skin or mucous membrane, (e.g. splashing in mouth or eye), from another child, the YMCA will contact the parents of both children. They will explain what has occurred, and then provide the name of the attending physician of the source child to the parents of the exposed child. If a staff member has a blood or body fluid exposure from a child, the YMCA will provide the name and telephone number of the child's attending physician to the staff member.
*I have read the statement and specifically authorize the YMCA to release the name and telephone number of my child's physician, and a description of the event to the parent or guardian of any child who is exposed to blood or body fluid or any staff member who experiences such an exposure from my child.

2011 Behavior Expectations and Discipline Policy

It is important that staff maintain good order and discipline in all programs. Top objectives in all YMCA programs are safety and a positive atmosphere for learning and developing social skills. The YMCA makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

The YMCA does not condone and will not permit:

1. Corporal punishment
2. Ridiculing, threatening, using an inappropriate loud voice
3. Leaving children unsupervised
4. Use of profanity.

A child's behavior is expected to be consistent with the following:

1. Use appropriate language at all times.
2. Cooperate with staff and follow directions.
3. Respect other children and staff, equipment and facilities, and yourself.
4. Maintain a positive attitude.
5. Stay in program areas - running away is not acceptable.

The Discipline Policy

1. If a child is unable to comply with the behavior expectations, a conference will be held by the program director with the child. The parent(s)/guardian will be notified in writing.
2. If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. A behavior contract will be established and signed by the child (if appropriate), parent(s)/guardian and the program director.
3. If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to suspension or dismissal.
4. Failure of the parent(s)/guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.

Behaviors which may result in immediate dismissal include but are not limited to:

1. Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
2. Fighting
3. Possession of a weapon of any kind
4. Vandalism or destruction of YMCA property or property of others.
5. Inappropriate Conduct
6. Possession of or use of alcohol or controlled substances unless under the prescription of a doctor
7. Running away
8. Biting

Special Circumstances: Parents or guardians are required to inform the YMCA in writing, prior to a child's acceptance in a YMCA program, of any special circumstances which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including but not limited to any serious behavioral problems or special circumstances regarding psychological, medical or physical conditions.

Upon being informed of such circumstances, the branch director (or his or her designee, i.e., senior program director, site coordinator) may require a conference with the parent(s)/guardian to discuss issues created by these circumstances.

I understand and acknowledge that: (i) It is the responsibility of the parent(s)/guardian to make full disclosure to the YMCA of any special circumstances which may affect the ability of my child/ward to participate, as described above; (ii) it is the responsibility of the parent(s)/guardian to inform the YMCA of any requested accommodation believed by the parent(s)/guardian to be necessary and readily achievable for such participation; and (iii) full disclosure of any special circumstances is material to the YMCA's evaluation of the child's/ward's ability to participate and the YMCA's consideration of any requested accommodation.



YMCA Black Achievers Student Profile



Ethnicity (please review all options and choose only ONE):

- African American Indian Asian/Asian American Pacific Islander
 Black American White or Caucasian Hispanic—of European Ancestry
 Hispanic—of Mexican, Central or South American or Caribbean (Cuban, Puerto Rican or Dominican) Ancestry
 Multi-Racial (please specify) _____
 Other (please specify) _____

Do you have any family members who have participated in the Black Achievers Program? Yes No

Please list name(s): _____

How many years have you participated in the Black Achievers Program?

- First Year 1 Year 2 Years 3 Years 4 Years

Current GPA _____

List below any courses in which you have earned a grade of "D", "E", "F", "Unsatisfactory" or "No Pass" from 9th grade to present:

Course Name:	Grade Received	Course Name:	Grade Received
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

What steps have you taken to make up for any poor academic performance in the past?

EXTRACURRICULAR, PERSONAL, AND VOLUNTEER ACTIVITIES (including summer)

What are your hobbies, extracurricular activities, and volunteer experiences?

- _____
- _____
- _____

EDUCATION GOALS

What are your goals after high school, and what profession interests you the most?

Future Education Plans:

- 4 year University/College
- 2 year College
- Technical College
- Trade School _____
- Work
- Join the Military
- Unsure
- Other _____

Career Interests:

- Business
- Computers
- Communications
- Health/Medical
- Law Enforcement
- Engineering
- Arts & Humanities
- Other _____



YMCA Black Achievers Student Profile



I need help with:

My top three College/University choices are:

1. _____
2. _____
3. _____

Will you be the first in your family to go to college? _____ Yes _____ No

SCHOOL ATTENDANCE

Approximately how many days of school have you missed in the last school year?

_____ Zero _____ 1-5 Days _____ 6-10 Days _____ 11-15 Days _____ 16-20 Days _____ Over 20 Days

Please note any information you would like to share with us in respect to your attendance record.

Have you ever been suspended or expelled from high school? _____ Yes _____ No

If yes, please explain the circumstances and explain any changes you have since made in your personal behavior.

PORTFOLIO PROJECT

The Portfolio project is designed to provide an opportunity for high school juniors and seniors to research college entrance requirements for various educational institutions. Students will complete college applications and the free application for federal student aid (FAFSA). They will also receive guidance on writing essays for college applications, undertake coaching in portfolio presentation, as well as focus on personal presentation and deadline management. Students will familiarize themselves with the schools best suited to their educational needs while investigating a list of potential scholarships for which they may qualify. All of this will provide opportunities to gain a deeper understanding of their skills and talents while defining clearer career goals.

This project provides mentors for those students admitted to the program over an 8 week time frame. The sessions will last 2 1/2 hours on Saturdays during these eight weeks. At the conclusion of the eight weeks, students will have ample ammunition for the college process and will have developed relationships with adult mentors and contacts in the community which can assist them with their futures.

What is your preferred career choice after college? _____

Please enroll me in the Portfolio Project Workshops _____ Yes _____ No