



**YMCA Teen Programs
Registration Form
School Year 2026-2027**

FOR OFFICE USE ONLY

AS400 MEMBER ID #:

DATE ENTERED in AS400:

DATE ENROLLED IN YOUTH
SERVICES.NET:

PARTICIPANT INFORMATION

NAME

ADDRESS

DATE OF BIRTH: _____
Month / Day / Year

AGE: _____

GRADE: _____

COUNTRY OF BIRTH: _____

T-SHIRT SIZE

☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL Other: _____

TEEN PHONE #S

Home: _____

Teen Cell: _____

TEEN EMAIL

SCHOOL NAME

OSIS #

**DEMOGRAPHICS
INFO**

*used for demographic
analysis only.*

Check all that apply:

- ☐ American Indian/Alaskan Native
☐ Black/African American
☐ Hawaiian/Other Pacific Islander
☐ Other: _____

- ☐ Asian
☐ Caucasian/White
☐ Two or more races
☐ Prefer not to answer

Gender: _____

Pronouns: _____

LGBTQIA+ (OPTIONAL): _____

**WHAT TEEN
PROGRAMS ARE
YOU REGISTERING
FOR?**

Check all that apply:

- ☐ Leaders Club
☐ Teen Center
☐ Rowe Scholars

- ☐ Teen Night Out
☐ Teens Take the City
☐ Other: _____

PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN #1 NAME:

ADDRESS:

RELATIONSHIP:

PHONE NUMBERS:

Cell:

Work:

EMAIL:

PARENT / GUARDIAN #2 NAME:

ADDRESS:

RELATIONSHIP:

PHONE NUMBERS:

Cell:

Work:

EMAIL:

EMERGENCY CONTACT INFORMATION

Emergency contacts cannot be parent / guardian(s) listed above.

EMERGENCY CONTACT #1 NAME:

RELATIONSHIP:

PHONE NUMBERS:

Cell:

Work:

EMAIL:

EMERGENCY CONTACT #2 NAME:

RELATIONSHIP:

PHONE NUMBERS:

Cell:

Work:

EMAIL:

YMCA Teen Programs

PARTICIPANT MEDICAL AND BACKGROUND INFORMATION

Diagnosed behavioral or emotional need?	☐ Yes ☐ No If Yes, Please specify: _____
Asthma?	☐ Yes ☐ No If Yes, do you require an inhaler: ☐ Yes ☐ No
Allergies?	☐ Yes ☐ No If Yes, Please specify: _____
If yes, does it require an EpiPen?	☐ Yes ☐ No
Chronic or Recurring Illness?	☐ Yes ☐ No If Yes, Please specify: _____
Conditions that Require Activity to be Restricted?	☐ Yes ☐ No If Yes, Please specify: _____
Corrective Device(s) (ex: Glasses/Contacts, Orthopedic Brace)?	☐ Yes ☐ No If Yes, Please specify: _____
Medications Taken?	☐ Yes ☐ No If Yes, Please specify: _____

DO YOU HAVE HEALTH INSURANCE?

Ask your parents/guardians to find out if you are not sure.

☐ NO, I DO NOT HAVE HEALTH INSURANCE

☐ YES, I HAVE HEALTH INSURANCE:

PROVIDER NAME (INSURANCE COMPANY): _____

INSURANCE #: _____ GROUP #: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, I hereby give consent for necessary emergency medical treatment for my child to be obtained, with the understanding that I will be notified as soon as possible. I understand that every effort will be made to contact me, or, if I am unavailable, the emergency contact(s) listed will be contacted.

Guardian Full Name (Print): _____

Guardian Signature: _____

Date: _____



CONSENT FORM FOR PARTICIPANT WITH PRESCRIPTION INHALERS AND/OR EPI-PENS TO SELF-ADMINISTER

Participant's Name: _____ has been instructed in the proper use of the
(name of medication) _____.

We request that the child named above be permitted to carry his/her own inhaler/epi-pen medication and have the medication kept in his/her backpack.

- ☐ **ASTHMA INHALER:** My child has been instructed in the proper procedure for self-administration and is competent enough to assume the responsibility of self-administering their medication as required and under the proper method and frequency of use of this medication as prescribed by my child's physician. I further understand that my child's physician has given consent for my child to self-administer this medication.

I request that my child be permitted to carry their prescribed asthma inhaler at program. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other children, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that the YMCA of Greater New York is not responsible for lost, stolen, or improperly discharged medication.

- ☐ **EPINEPRHINE AUTO INJECTOR:** My child has been instructed in the proper procedure for self-administration and is competent enough to assume the responsibility of self-administering their medication as required and under the proper method and frequency of use of this medication as prescribed by my child's physician. I further understand that my child's physician has given consent for my child to self-administer this medication.

I request that my child be permitted to carry their prescribed epinephrine auto injector at program. I certify that my child has been instructed and is capable of proper self-administration of the medication. I understand that if my child is using this medication unsafely, irresponsibly or fails to keep it out of reach from other children, the Site Director will follow up immediately with the family and will request a meeting to address improper use. I understand that the YMCA of Greater New York is not responsible for lost, stolen, or improperly discharged medication.

- ☐ **NOT APPLICABLE:** My child does not have prescription asthma inhaler and/or epinephrine auto injector.

Guardian Full Name (Print): _____

Guardian Signature: _____

Date: _____



SHORT FORM

Dear Parent/Guardian:

Please **initial each statement** below to indicate your permission for the indicated activity. If you wish to deny permission for the activity do not initial.

- _____ 1. I grant permission for my child to participate in the program run by the YMCA of Greater NY.
- _____ 2. I grant permission for my child to participate in all related activities and events.
- _____ 3. I grant permission for my child to leave the school/branch premises under adequate supervision by YMCA staff for neighborhood walks or trips within the five boroughs. It is my understanding that these trips may be taken at any time without further consent from me.
- _____ 4. I grant permission for my child to travel home alone from YMCA Program and events until _____ *(Please specify latest time child may travel home alone.)*
- _____ 5. I allow Y advisors to give consent for emergency professional medical treatment if instant action is needed or if the emergency contact person cannot be reached.
- _____ 6. I grant permission to the YMCA to survey my child in order to evaluate the programs. Survey tools may include focus groups, guardian surveys, social emotional assessments and feedback surveys.
- _____ 7. I grant permission to the YMCA to collect copies of my child's report card or obtain updates from their school or teacher in order to help guide my child's success in academics.
- _____ 8. I grant permission for my child to be in photographs or videos to be utilized for the YMCA of Greater New York.
- _____ 9. I grant permission for my child to be contacted via text message on _____ phone number on the Signal-vine platform for updates, support and follow up items by Y staff including but not limited to college matriculation, scholarship opportunities, alumni engagement, and program notification.

YMCA Program Site: _____

Participant Name (Print): _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date: _____



PROPER CONDUCT AGREEMENT

Participant First Name: _____ Last Name: _____

The YMCA is a safe and secure place where young people learn about themselves and others, where they explore their options and ideas, where young people are challenged and encouraged to become strong individuals. At the YMCA great pride is made known in the continuous display of the YMCA’s four core values of caring, respect, responsibility, and honesty by all of our members, visitors and staff.

This Code of Conduct is put in place to guarantee a supportive space for all to enjoy, feel safe and reach their highest potential.

The following list of unacceptable behavior is subject to unilateral change by the YMCA management at any time and is by no means exhaustive in nature. Nor does this mean that any behavior that is not included on this list, but which is clearly detrimental to the YMCA, our participants or other staff will be considered acceptable.

- 1. Mistreatment of other participants, staff or volunteers in person and remote/virtual. This includes staff that do not work with the after school and Teen program.
- 2. Racial, ethnic, bias or any other form of harassment in any form towards the public, participants or staff in person and remote/virtual.
- 3. The damage, loss or destruction of YMCA property, or the possessions of staff, volunteers or participants due to a willful or careless act, including graffiti.
- 4. Theft or dishonesty.
- 5. Fighting, swearing or abusive language while in the YMCA, on trips, community events, in person, and or during remote/virtual programming and events.
- 6. Breaking the law of committing an unlawful act in association with the YMCA.
- 7. Violation of any commonly acceptable or reasonable rules of responsible conduct.
- 8. Refusing to follow sign in and sign out procedures.
- 9. Leaving the YMCA premises without permission or going into areas where a staff member is not present to monitor the participant’s behavior.
- 10. Providing remote links to unauthorized users.
- 11. Refusing to follow check in and check out procedures.
- 12. Refusing to follow remote/virtual procedures.
- 13. All other rules developed by the YMCA.

By signing this form below, you acknowledge and agree to the policies laid out in this document and agree to follow and obey them.

Participant Signature: _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date: _____



CONFIDENTIALITY AGREEMENT

The YMCA staff is dedicated to supporting youth during their time of growth. Participants may share their thoughts and feeling with staff members during group or individual advisement. All YMCA staff are **mandated reporters** who have regular contact with youth and are therefore required to report specific concerns regarding child safety.

This confidentiality agreement is put in place to assure that information shared will not be shared outside of the trust built with YMCA staff unless their safety or the safety of others are at risk of harm.

This confidentiality agreement will be broken, and YMCA staff will disclose information if the following is shared:

1. If your child is harming themselves.
2. If your child is harming others.
3. If your child is being harmed by others.

By signing this form below, you acknowledge and understand the confidentiality agreement outlined in this document and agree to follow and obey them.

Participant Name (Print): _____

Parent / Guardian Name (Print): _____

Parent / Guardian Signature: _____

Date: _____



RELEASE

On occasion, the YMCA of Greater New York (the "YMCA") or members of the Media takes pictures or records videos of individuals participating in YMCA activities to promote the YMCA's mission or for other journalistic purposes. The individual person named below is signing this Release for the purposes of allowing the YMCA and the Media to use their likeness in such endeavors. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf.

1. I agree that I am willing to be recorded as described above. I further agree that my name may be used to identify me as a subject of any Recordings featuring my image, likeness, and/or voice.
2. I understand that the YMCA will own all rights in the Recordings of me that the YMCA or a YMCA contractor takes or records ("YMCA Recordings"), and that the YMCA will have the exclusive right to use, or allow others to use, such YMCA Recordings in any medium for any purpose consistent with the YMCA's mission as determined by the YMCA.
3. I understand that the Media will own all rights in the Recordings of me that the Media takes or records, and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude the YMCA's or the Media's use of the Recordings as described above.
5. I acknowledge that neither the YMCA nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me.

Signature

Date

Name (printed)

Name of Parent / Guardian (if applicable)

Mailing Address

Telephone Number (optional)

Email Address (optional)

☐ No - I, _____, the parent/guardian of _____ do
not provide consent for my child to be photographed, filmed or otherwise recorded by the YMCA.