



YMCA OF GREATER WESTFIELD TEEN LEADERS PROGRAM

Teen Information (Please Print)

First Name _____ Grade _____
Last Name _____ School _____
Birth Date _____ Address _____
Primary Phone _____ City / State / Zip _____
Gender Identity _____ Email _____

Parent/Guardian Information (Please Print)

First Name _____
Last Name _____
Primary Phone _____
Address _____
City _____
State _____
Zip _____
Email _____
Relationship to Teen _____
Date of Birth _____

Parent/Guardian Information

First Name _____
Last Name _____
Primary Phone _____
Address _____
City _____
State _____
Zip _____
Email _____
Relationship to Teen _____
Date of Birth _____

Ground Rules & Behavior Agreement

I the undersigned completely understand and accept my commitment to the Westfield YMCA Leaders Club. I will do my very best to adhere to its guidelines as listed below as well as others when directed by the club advisor, YMCA volunteers and YMCA staff. I understand that as a leader in the Leaders Club program I am expected to behave in accordance with the YMCA character values of Caring, Honesty, Respect, Responsibility.

- Accept and respect others
- One mic (one person talks at a time)
- Avoid put downs
- Speak for yourself
- You have the option to pass
- You are responsible for your own learning
- Expect and accept unfinished business
- Maintain group confidentiality

Leaders Club Member Signature: _____ Date: _____

About You:

Number of years in Leaders Club: _____

What is your favorite color(s)? _____

What is your favorite food(s)? _____

What kind of music do you like? _____

What hobbies do you have? _____

What do you want to do after high school/college? _____

Health and Emergency Contact Information

Teen Name: _____

Physician Information

Name of Physician: _____ Phone Number: _____

Insurance Information

Insurance Carrier: _____ Policy Holder Name: _____ Phone: _____

Relevant Past Medical History, General Information, and Restrictions

Does your teen have Asthma? **Yes/No**

Does your teen carry an inhaler or EPI Pen? ****Yes/No**

Please describe any specific activities from which your child should be exempt: _____

Any dietary modifications or restrictions: _____

Emergency Contact Information (Not parent/guardian)

First Name _____	First Name _____
Last Name _____	Last Name _____
Primary Phone _____	Primary Phone _____
Relationship to teen _____	Relationship to teen _____

General Consent:

Disclaimer

The YMCA of Greater Westfield, INC. Teen Leaders program, involves a variety of activities including but not limited to active games, adventure and outdoor education, low and high ropes courses, community and volunteer service, creative arts and values exploration sessions that may be physically, mentally and emotionally demanding. Participation in the Leaders Club program is always voluntary.

Please Initial Each Line to Indicate Your Understanding

___ I have read, understand, and agree to adhere to the registration policies of the YMCA of Greater Westfield, INC. The information I have provided on this form is correct to the best of my knowledge.

___ I hereby grant permission for my child to use all equipment and participate in activities of the YMCA's Teen Leaders program.

___ I hereby grant permission for my child to be transported by bus to and from scheduled YMCA Teen Leaders activities.

___ I hereby grant permission for my child to be included in evaluations and/or pictures connected with the YMCA program for publication and brochures.

___ I hereby grant permission for the YMCA Staff to administer first aid or to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include: 1) Attempt to contact parent, guardian, authorized emergency contact, and/or child's physician. 2) Have the child taken to an emergency hospital in the company of a staff member.

___ I understand that as part of the Leaders Club program transportation may be required for special events, trips and retreats. In such instances where transportation is required I hereby authorize my child to ride a YMCA van, YMCA bus or third party transportation vehicle including third party vans, busses and public transportation. I understand that if my child acts in a way that is considered unsafe, as per the discretion of the staff or volunteers, they will be no longer allowed to attend trips and may be required to be picked up at the parent's and/or guardian's expense.

Teen Signature: _____

Date: _____

Parent / Guardian Signature (if under 18): _____

Date: _____

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

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF GREATER WESTFIELD, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Greater Westfield's facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Greater Westfield's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Greater Westfield, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)