



# YMCA of Greater Indianapolis YMCA YOUTH & GOVERNMENT DELEGATE REGISTRATION

Delegation Name: \_\_\_\_\_ YMCA Branch: \_\_\_\_\_

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ School \_\_\_\_\_ Grade entering in Fall \_\_\_\_\_

Email Address: \_\_\_\_\_ T-shirt size \_\_\_\_\_

Parent or Guardian's Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

If parent or guardian listed above is unable to be reached in case of emergency, please list an alternative:

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone number \_\_\_\_\_

### Physical or Medical Information

Does the teen named above, have any physical or medical conditions (dietary restrictions, asthma, diabetes, attention deficit disorder, allergies to any known substances, etc.) of which the staff should be aware and which may affect his/her participation?  Yes  No

If yes, please describe: \_\_\_\_\_

My child participating in this experience is fully immunized and inoculated as required by law, including Tetanus boosters and, to the best of my knowledge, does not have any communicable diseases.

Years in Y&G:      First Year\_\_\_\_      Second Year\_\_\_\_      Third Year\_\_\_\_      Fourth Year\_\_\_\_

Program Role: (circle one)    Legislature\*    Court    Press\*\*    Page\*\*\*    Executive Officer

\* All first year delegates must participate in the Legislative Program.

\*\*Press Participants:    Please check area of interest      \_\_Reporter      \_\_ Photographer

\*\*\*All 8<sup>th</sup> graders must participate in the Page Program.

**DELEGATE COMMITMENT**

Please register me for the Indiana YMCA Youth & Government program. I understand that I must attend all scheduled meetings and activities of the program delegation. I also understand that the **\$50 deposit**, returned with this registration form, is non-refundable, but will be applied toward my program fee. I also understand that I am responsible for some food and transportation costs. (Fundraising is one way to offset the cost of this program.)

**PARENT AUTHORIZATION**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Young Men’s Christian Association of Greater Indianapolis (“YMCA”). This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant.

**EMERGENCY AUTHORIZATION**

I hereby give permission to the medical personnel selected by staff of the YMCA of Greater Indianapolis to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by staff of the YMCA of Greater Indianapolis to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for the person as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**TRANSPORTATION AUTHORIZATION**

I hereby give permission for my child to participate in program activities and to travel by bus with the YMCA Staff. I understand that only licensed and qualified personnel will operate any vehicle and that there will be at least one YMCA staff member present at all times. I agree to release the Young Men’s Christian Association of Greater Indianapolis, its officers and directors and the Y staff from any and all claims of damages, demands or liabilities which may arise as a result of my child’s participation in YMCA program activities and bus trips.

**BEHAVIOR AGREEMENT**

My child participating in this experience and I fully understand and accept that any participant involved with drugs, alcohol, tobacco, physical violence, leaving conference or site premises without permission, or any other infraction deemed serious at the sole discretion of the YMCA appointed supervisor, will immediately be dismissed from the program. Such supervisor or designated representative will then notify the indicated parent or guardian to remove the participant from the premises.

**PROMOTIONAL AGREEMENT**

The YMCA **DOES NOT** have my permission to use photographs or videos of my child in YMCA promotional material.

\_\_\_\_\_ (initial) Child(ren)’s name(s):\_\_\_\_\_

By signing this document, I acknowledge and understand all terms.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant\* \_\_\_\_\_ Date \_\_\_\_\_

\*If participant is over the age of 18, this release form may be signed solely by the participant.

**THIS FORM SHOULD BE RETURNED TO YOUR DELEGATION ADVISOR**