



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA BLACK & LATINO TEEN ACHIEVERS PROGRAM 2016-2017

STUDENT APPLICATION

STUDENT INFORMATION

--	--	--

First Name

Middle Name

Last Name

--	--	--	--

Home Address

City

State

Zip

--

School

--

Grade Level

--

Student's Email Address

--	--

Student's Cell Phone # (XXX) - XXX-1234

--

Students Date of Birth (Month/Day/Year)

Male Female

Gender (Please circle one)

Race (Please circle one)

Caucasian African-American Hispanic/Latino Asian Native American

Other

--

STUDENT AGREEMENT FORM

Code of Conduct

I, as a Teen Achiever, I agree to:
Student's Name

1. Students will respect others by refraining from any use of profanity.
2. Students will respect volunteers, and Achievers staff by arriving to meetings promptly. Students are not to leave meetings once they have arrived. If you have a job, staff should be informed of your place of employment before you start the program.
3. **First time students will pay a \$10 dollar application fee.** Based on attendance and behavior, the YMCA Achievers team will reserve the right to decide if the student will be accepted to the program. If accepted, the student will receive an acceptance letter by Dec 3rd 2016.
4. **Achievers students** should not miss more than four Saturday meetings during the academic year. If the student is absent due work or any other extracurricular activities, a schedule should be submitted to any member of the Achievers staff. **Note. Attendance to the program is critical for students who would like to be considered for scholarships and other program benefits.**
5. The last day that a student can apply to the Achievers program will be Saturday, December 3rd of 2016. After this date, students will have to join the following academic year.
6. Students will respect the authority of all adult leaders and follow instructions given by any adult volunteer or staff leader at all times.
7. Students will demonstrate respect and care of others by not engaging in fighting whether verbal or physical.
8. During meetings the USE OF CELL PHONES IS STRICTLY PROHIBITED. If any participant is seen using a cell phone, (texting or making calls) it will be confiscated. This includes all electronic devices as well (ipods, ipads, personal game systems, cd players etc.)
9. Appropriate etiquette is required during all presentations. This means: Giving the speaker your undivided attention, making eye contact with the speaker, not engaging in side conversations, not playing with objects (cell phones, combs or brushes, key chains etc.) and asking questions to show attentiveness.
10. All students are expected to demonstrate care for peers and leaders, treating everyone with respect at all times.

Student Signature

Date Moth/Day/Year



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA BLACK & LATINO TEEN ACHIEVERS PROGRAM

PARENT INFORMATION FORM

Parent / Tutor

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent First Name	Middle Initial	Last Name	Relationship with the student
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Home Phone #	Mobile Phone #	

Please complete the following information below

Important Note. This information will be kept anonymous and will not affect your child's eligibility for the program. However, collecting this information is very important for us since is often requested by our donors and sponsors.

Family Income Level: (Please circle one)

\$0 - \$30,000 \$30,000 - \$50,000 \$50,000 - \$80,000 \$80,000 plus

**** Is your son/daughter a first generation college student?**

Yes / No

****A first-generation college student is defined as a student whose parent(s)/legal guardian(s) have not completed a bachelor's degree at a four-year college or university**

Is your son/daughter eligible to receive reduced lunch?

Yes / No

EMERGENCY CONTACTS

List the names of other local persons who you want to be contacted in the event of an emergency of illness if the parent/guardian cannot be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be able to take responsibility for the child in cases where the parent/guardian cannot be located.

Emergency Contact

First Name	Middle Initial	Last Name	Relationship with the students
Home Address	City	State	ZIP
Email Address	Home Phone #		Mobile Pone #

Emergency Contact (2)

First Name (2)	Middle Initial	Last Name (2)	Relationship with the student (2)
Home Address (2)	City(2)	State(2)	ZIP (2)
Email Address (2)	Home Phone # (2)		Mobile Pone #(2)

Please describe any medical concerns

Please describe any food allergies

PARENT AGREEMENT FORM

I hereby grant permission for my son/daughter to:
Parent Name

Participation in field trips

All field trips or group excursions will begin and end at the YMCA branch/school unless prior arrangements have been made to dismiss students to parents or guardians at an alternative location.

I understand that all students participating in these trips will be responsible in conduct to the driver and to the staff members or adult supervisors at all times. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

The undersigned, both in his/her individual capacity and as a parent or guardian of being a minor child, does hereby release and hold harmless the YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER CINCINNATI, their agents, officers, employees and assigns from any and all liability, for damages whatsoever, both personal and property, arising out of, or as a result of said minor child's attendance on the field trip and any other events associated there within. This agreement binds the parties hereto, their heirs, administrators, executors, and successors and assigns.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the student may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury.

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed above in the application have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed below, or in the event the designated preferred physician is not available, by another

licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) or any hospital reasonably accessible.

Release to use image

On occasion, the YMCA Achiever program or its representatives take photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff to remember the activities and participants in the program, or for marketing purposes. I consent to the use of any material such audio or visual record distributed of my son/daughter. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Evaluation Permission

Evaluation is a central part of the Achievers educational experience. Achievers students will be tested twice a year (September - April) to assess the amount of college readiness material learned through the year. Students will be also subjected to answer several surveys to assess their overall experience with the program. These data will be used to measure the impact of the program in the students.

I allow the YMCA Achievers to test my son/daughter and collect data for evaluation purposes

Parent Signature

Date Moth/Day/Year