

# Youth Leader Registration

**\*PLEASE NOTE: A current record of immunizations must accompany this form at the time of registration. Please fill out completely**

## Emergency Medical Condition

- Asthma
- Seizure condition
- Allergy \_\_\_\_\_
- Other \_\_\_\_\_



Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Male Female Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email: \_\_\_\_\_  
Grade entering September 2019: \_\_\_\_\_ Age: \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
Cell Phone # ( ) \_\_\_\_\_  
Parent or Guardian Name: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
Cell Phone # ( ) \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION REQUIRED: *(in case parent or guardian cannot be reached)*

1. Name: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_  
2. Name: \_\_\_\_\_ Day Phone # ( ) \_\_\_\_\_

## PERMISSION SLIP *(Signature Required)*

- I give permission for my child to participate in all camp activities (including swimming) and field trips.
- I give permission to use any pictures taken of my child during participation at camp for YMCA promotional purposes
- I understand the camp fees do not include health & accident insurance, and I will be responsible for any and all charges incurred for prompt medical treatment.

*Parent/Guardian Signature:* \_\_\_\_\_

## HEALTH HISTORY *(Please submit record of immunizations with this form)*

Doctor preference: \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Please list any allergies to bee stings, food, medications, etc: \_\_\_\_\_

Please list any medications (including inhalers) that the camper is on: \_\_\_\_\_

Please indicate if your child is under the care of a physician for any of the following conditions (circle all that apply):

- |                    |                     |          |             |                                   |
|--------------------|---------------------|----------|-------------|-----------------------------------|
| Seizure Disorder   | Ear infection/tubes | Diabetes | Convulsions | Insect Stings/Allergy/Sensitivity |
| Penicillin Allergy | Asthma              | ADD/ADHD | Other _____ |                                   |

Any recommendations and/or restrictions while at camp: \_\_\_\_\_

Any additional health information: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

## **Important—the following information must be completed for attendance:** *(Signature required)*

**PLEASE NOTE:** As a requirement of our licensure by the board of health, your child will not be permitted into camp without:

- **A complete record of Immunizations (signed and dated by physician or nurse practitioner), including:**

By age 5, all children must have 5 doses of DTP or DTaP, MMR and poliomyelitis, and IPV vaccines.

By age 12, children also need 3 doses of hepatitis B, varicella, and a booster of Td vaccine.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, and treatment for my child. In the event that I cannot be reached in an emergency, I also hereby permit the physician selected by the camp staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I also give permission for routine medical care for my child by the camp. This form may be photocopied for use off camp property. *Parent/Guardian Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Any additional information you would like to share:**

**Please fill out chart below to let us know what weeks you would like to participate in our Youth Leader Program:**

<b>Camp Week</b>	<b>Dates</b>	<b>Check If Attending Member \$80/wk Non Member \$100/wk</b>
1	6/24-6/28	
2	7/1-7/5*	
3	7/8-7/12	
4	7/15-7/19	
5	7/22-7/26	
6	7/29-8/2	
7	8/5-8/9	
8	8/12-8/16	
		<b>Total Cost</b> \$ _____

\* no camp July 4th, price of week is prorated at registration

**PAYMENT METHOD**  
 (please circle one): Check enclosed / Draft from checking account / Credit Card (please circle: Master Card, Visa, AMEX, Discover)

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_  
 Bank account #: \_\_\_\_\_ Routing #: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Name on Card or Account: \_\_\_\_\_ Signature: \_\_\_\_\_

**Program Policy. Please read, understand and sign.**

This program is open and available to teens ages 13-15. These program participants must check in with the Assistant Camp Director each morning when they arrive and each afternoon before they leave. We must have current immunization records, health history, and completed registration form for each participant. Participant and parent/guardian must complete the Youth Leader Agreement before program participation. If it is found at any time that this program is not appropriate for or is not a good fit for the participant our camp staff will speak to the participant as well as the parent/guardian and the participant will be asked not to return.

In consideration of being allowed to participate in the activities and programs of the YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Youth Leader Agreement**

This is an agreement among \_\_\_\_\_ (“Youth Leader” or “participant”), and the YMCA of Martha’s Vineyard. The purpose of this educational program is for the participant to learn about the YMCA’s business and to gain valuable insight and experience.

**Conditions of the Agreement:**

- The Youth Leader program is related to an educational purpose and there is no guarantee or expectation that the activity will result in future employment with the YMCA of MV.
- The education received by the participant from the program is for the express benefit of the participant.
- The participant does not replace or displace any employee of the YMCA.
- The participant will be supervised by our Assistant Camp Director
- The YMCA does not derive an immediate advantage from the activities performed by the participant.
- Participant is not entitled to wages or any compensation or benefits for the time spent in the program.
- The YMCA is not liable for injury sustained or health conditions that may arise during the course of the program.

The participant specifically agrees to and acknowledges the following:

- The YMCA may at any time in its sole discretion, terminate the participant without notice or cause.
- The participant will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and willingness to learn.
- The participant will obey the policies, rules and regulations of the YMCA of MV and comply with all practices and procedures.

The experience and insight the participant will gain shall include such areas as, but not limited to: Working with camp units of all ages, program development, program management, working with peers, working in particular specialty areas of camp, working with and for a supervisor

**I understand that this unpaid, learning experience is not employment and that the participant is not entitled to wages or a promise of employment at the completion of the unpaid structured learning experience. We do hope that this experience does better prepare the participant for future work and volunteer opportunities.**

\_\_\_\_\_  
Youth Volunteer Name

\_\_\_\_\_  
Youth Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



**Mandatory online trainings to be completed by Youth Leader before her/his time with the YMCA:**

**Aquatics Safety at the Pool (10 min)**

**Aquatic Safety in Natural Bodies of Water (10 min)**

**Behavior Management at Camp (12 min)**

**Bullying Prevention at Camp (10 min)**

**Child Sexual Abuse Prevention at Camp (14 min)**

**Day Camp Supervision (12 min)**

**Field Trips & Off-Site Travel Safety (10 min)**

**Peer-to-Peer Sexual Abuse Prevention at Camp (12 min)**

**Playground Safety & Programming at Camp (9 min)**

**Transportation Safety at Camp (9 min)**

**These are online courses and can be taken on any computer with internet access (at home, public library, at the YMCA etc.) A link to the training website is below.**

**To take courses:**

**Visit**

**<https://redwoodsinsitute.csod.com/selfreg/register.aspx?c=2751>**