

Youth Engaged in Service (YES) Club - Member Registration

Today's Date_____

Dear Parent,

Please fill out ALL sections. At anytime, you may contact Y.E.S. Club staff if you have any concerns 740-522-0937.

Thank you,

Ethan Pound, LSW - Director

Haley Snider - Activities Coordinator

Craig Loudermilk - Program Manager

Sarah Clow - Activities Coordinator

Palma Kollar - Activity Manager

Y.E.S. CLUB MEMBERSHIP/EMERGENCY MEDICAL

*****Please complete entire form and signatures are required*****

Club Member Name:_____

Preferred name or Nickname:_____

Current address:_____ City:_____ Zip:_____

Home Phone#:_____ Birthdate:_____

****For 11 year olds- please include copy of birth certificate****

I am: Male Female **or** Identify as:_____

Preferred pronoun:_____

Race (please circle): Caucasian, African American, Biracial, Hispanic,
or Other_____

School Name:_____

School District_____ Grade for 2017-2018 School Year:_____

Progress Book ID_____

Progress Book Password_____

If child is in foster care, please provide agency information:

Name of agency:_____

Phone number:_____

Names of Parents/Guardians in home:

1.) Name:_____ Relationship:_____

Place of Employment:_____ Work Number:_____

Cell Number:_____

Email address_____ (to receive important updates
from Y.E.S. Club)

2.) Name:_____ Relationship:_____

Place of Employment:_____ Work Number:_____

Cell Number:_____

How many people currently live in household: Adults:_____ Children:_____

Email address_____ (to receive important updates
from Y.E.S. Club)

*****Mandatory*****

***List all adults that may be contacted if parent is not available. (Please only list those who can be contacted during Y.E.S. hours and can provide transportation for your child if necessary):**

1.) Name:_____ Relationship:_____ Phone:_____

2.) Name:_____ Relationship:_____ Phone:_____

3.) Name:_____ Relationship:_____ Phone:_____

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1.) Does your child have any allergies: YES or NO

If yes, please list: _____

2.) Does your child have any health conditions: YES or NO

If yes, please list: _____

3.) Does your child have any mental health needs: YES or NO

If yes, please list: _____

4.) Does your child take any medication: YES or NO

If yes, please list: _____

5.) Is your child receiving any counseling: YES or NO

If yes, where? _____

6.) Can your child be given Tylenol/Advil while attending? YES or NO

7.) Any special dietary need? YES or NO

If yes, please list: _____

****If child needs to take any other type of medication while at Y.E.S. Club please contact Y.E.S. Staff before sending any medication with them to the YES Club. Your child must be capable of self administering medications.**

I give Y.E.S. staff permission to transport _____ to **Licking Memorial Hospital**, or to the nearest available source of assistance for emergency medical or dental care.

I do not give my permission for my child to be transported or to be given medical care and I should be contacted instead.

Parent/Guardian signature _____ Date: _____

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****Y.E.S. is a program of Mental Health America of Licking County****

1.) Was your child referred to Y.E.S.? YES or NO

Please circle all that applies:

Juvenile Court Probation officer New Beginnings
Teacher Family Counselor Friend

2.) Has your child been involved with the police/Juvenile Court? YES or NO

If yes, please provide dates and offense_____

3.) Does your child have any of the following? Please check all that apply:

IEP/504 Plan Learning Disability

4.) Has your had to repeat a grade? YES or NO

5.) Does your child receive free or reduced lunches? YES or NO

6.) Has your child ever been in foster care or placed by Children Protective Services in a relative's home? YES or NO

If yes, what year?_____

7.) Are you or your child currently involved in a Child Protective case?

YES or NO

8.) Is family involved in Licking County Job and Family Services? YES or NO

Please circle all that applies:

Snap (food stamps) TANF (financial assistance) Medical Insurance

9.) Have you or any adult in the home been incarcerated? YES or NO

If yes, please provide date and offense_____

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10.) Please list some of your child's strengths: _____

11.) Please list 3 areas of concern for your child. _____

12.) Any other information you would like to share with the staff at the Y.E.S. Club about your child? _____

Parent Release

We/I, the parent(s) or guardian(s) of _____,

do hereby acknowledge that the above named child, who is in my care, is participating in Y.E.S. and the various activities of the program including services at community agencies, Y.E.S. events, and various functions including but not limited to field trips and special weekend activities.

I understand that by signing this form, I am granting permission for my child to participate in all activities and will not hold Y.E.S. Staff responsible for any injuries or accidents that may occur at the clubhouse, at a Y.E.S. event, or while being transported by any Y.E.S. staff or volunteer. My signature releases all Mental Health America of Licking County employees and volunteers from liability.

I give my permission for those involved in the Y.E.S. Club to contact my child's teacher and have access to their progress book. My signature also grants permission to have my child's picture taken and used for Y.E.S. Club social media and distributed among our participating agencies including United Way of Licking County.

Parent Name: _____

Parent Signature: _____ Date _____

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Y.E.S. Club Policies

(Student and Parent/Guardian please initial each policy rule)

Members Must:

1. Respect all Y.E.S. members, staff, interns, and volunteers.
Parent_____ Child_____
2. Respect all clubhouse property, other members property.
Parent_____ Child_____
3. Refrain from swearing, fighting, or using put-downs.
Parent_____ Child_____
4. Stay on property while signed in the Y.E.S Club. Once you sign out you are not permitted to return for the remainder of the day.
Parent_____ Child_____
5. Please leave all valuables at home. Y.E.S. club will not be responsible for lost or stolen items.
Parent_____ Child_____
6. Participate in homework time and scheduled activities. Participation is a requirement of membership.
Parent_____ Child_____
7. Report any type of misconduct to Y.E.S. Staff immediately.
Parent_____ Child_____
8. NOT bring tobacco, drugs, alcohol, or weapons to YES Club property, including off-site events.
****This is a zero tolerance policy and could lead to immediate expulsion from the Y.E.S. program****
Parent_____ Child_____
9. Attend during YES Club Hours: 2pm-6pm when school is in session and 11am-3pm when school is not in session. Children are to be picked up no later than 6pm when school is in session and 3pm when school is not in session. YES Staff will post to social media and radio stations to communicate with members during calamity days.
Parent_____ Child_____
10. Use computers for their appropriate purpose as described in the rules posted in the computer lab. Content controls are in place on the computer in the computer lab.
Parent_____ Child_____
11. Notification of expulsion or suspension from school must be reported to staff and will result in expulsion or suspension from Y.E.S. Club.
Parent_____ Child_____

(continued on next page)

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I have read all the rules, agree with the conditions, and understand that being a member of the Y.E.S. Club is a special privilege. Membership may be suspended for any violation at the Director's discretion.

The following disciplinary action may be taken for violating any of the Y.E.S. Club rules.

- Sent home early
- One day suspended
- Suspensions of one week or more
- Expelled from Y.E.S. & Program for the remainder of school year
- Expelled from YES & Program permanently.

Signature of Member: _____

Date _____

Signature of Parent/Guardian _____

Date _____



**LICKING COUNTY FAMILY YMCA
GUEST**

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THE BACK AND FRONT, AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Signature of Non-Member or Guest: _____

_____ If under 18 years old, Parent or Legal Guardian's signature

Print Name: _____

DOB: _____

Address: _____

City/State/Zip: _____

Phone: _____

Name of Member: _____