



Youth Engaged in Service
(YES Club)
Member Registration



Today's Date _____

Dear Parent **and** future YES member,

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, OCPS - Director	Haley Snider - Activities Manager
Craig Loudermilk, OCPSA -Program Manager	Sarah Clow - Activities Coordinator
Bailey Denzy McCoy - Activities Coordinator	Lori Shaw - Front Desk Assistant

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- staff reserves the right to request a copy of birth certificate****

I am: Male Female or Identify as: _____
 Preferred pronoun: _____
 Race (please circle): Caucasian, African American, Biracial, Hispanic,
 Prefer not to answer, or Other _____

School Name: _____
 School District _____ Grade for 2018-2019 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 _____ (required)

*****Mandatory*****

***List adults that may be contacted if parent is unavailable. (Please only list those who can be contacted for 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.) Does your child have 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: _____

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



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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.) Does child receive services from Licking County Board of DD? YES or NO

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

If yes, please provide date and offense_____

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



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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_____

Y.E.S. Club Policies

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

Members Must:

Youth Engaged in Service
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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-4pm when school is not in session. Children are to be picked up no later than 6pm when school is in session and 4pm 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)

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.



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(YES Club)
Member Registration



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 Y.E.S. & 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: _____



Ohio Mental Health Consumer Outcomes System

Ohio Youth Problem, Functioning, and Satisfaction Scales

Youth Rating – Short Form

Y

Name: _____ Date: _____ Grade: _____

Your answers to the following questions will be used to track improvement in members and absolutely nothing else. YES staff will convert your answers to anonymous data to analyze. We will not share your answers with anyone under any circumstances, so please answer as honestly as possible.

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

Instructions: Please circle your response to each question.

1. Overall, how satisfied are you with your life right now?
 1. Extremely satisfied
 2. Moderately satisfied
 3. Somewhat satisfied
 4. Somewhat dissatisfied
 5. Moderately dissatisfied
 6. Extremely dissatisfied
2. How energetic and healthy do you feel right now?
 1. Extremely healthy
 2. Moderately healthy
 3. Somewhat healthy
 4. Somewhat unhealthy
 5. Moderately unhealthy
 6. Extremely unhealthy
3. How much stress or pressure is in your life right now?
 1. Very little stress
 2. Some stress
 3. Quite a bit of stress
 4. A moderate amount of stress
 5. A great deal of stress
 6. Unbearable amounts of stress
4. How optimistic are you about the future?
 1. The future looks very bright
 2. The future looks somewhat bright
 3. The future looks OK
 4. The future looks both good and bad
 5. The future looks bad
 6. The future looks very bad

Instructions: Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.

	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4