

Today's Date: \_\_\_\_\_

Dear Parent/Guardian **and** future YES Club Member,

*Please fill out ALL sections.*

You may contact YES Club staff if you have any concerns at 740-522-0937 at any time.

Thank you,

Haley Snider, OCP&A – YES Club Director

Tellie Lee - YES Club Manager

**YES 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: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Race (please circle): American Indian or Alaskan Native    Asian    Black or African American  
Native Hawaiian or other Pacific Islander    Multiracial    White or Caucasian    Other \_\_\_\_\_

Ethnicity (please circle): Hispanic or Non-Hispanic

School Name: \_\_\_\_\_

School District: \_\_\_\_\_ Grade for Current 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 Parent(s)/Guardian(s) in home:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (to receive important updates from YES 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/guardian 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: \_\_\_\_\_

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 needs? YES or NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**\*\*If child needs to take any other type of medication while at YES Club,  
please contact YES staff before sending any medication with them to YES Club.  
Your child must be capable of self-administering medications.**

I give YES 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 or dental care and I should be contacted instead.

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

8) Was your child referred to YES Club? YES or NO

Please circle all that applies:

Juvenile Court                      Probation Officer                      New Beginnings  
Teacher                      Family                      Counselor                      Friend

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

If yes, please provide dates and offense: \_\_\_\_\_

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

IEP/504 Plan       Learning Disability

11) Has your child had to repeat a grade? YES or NO

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

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

If yes, what year(s)? \_\_\_\_\_

14) Are you or your child currently involved in a Child Protective case? YES or NO

15) Is your 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

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

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

If yes, please provide date(s) and offense(s): \_\_\_\_\_

\_\_\_\_\_

18) Please list some of your child's strengths: \_\_\_\_\_

\_\_\_\_\_

19) Please list three areas of concern for your child: \_\_\_\_\_

\_\_\_\_\_

20) Any other information you would like to share with the YES Club staff about your child? \_\_\_\_\_

\_\_\_\_\_

**Parent/Guardian Release**

I/We, the parent(s)/guardian(s) of \_\_\_\_\_, do hereby acknowledge that the above-named child, who is in my care, is participating in YES Club and the various activities of the program including services at community agencies, YES 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 YES staff responsible for any injuries, accidents, or transmission of illness that may occur at the clubhouse, at a YES event, or while being transported by any YES staff member or volunteer. My signature releases Mental Health America of Licking County (MHA) and all its employees and volunteers from liability.

I give my permission for those involved in the YES Club program 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 YES Club social media and distributed among our participating agencies including United Way of Licking County.

**Parent/Guardian Name:** \_\_\_\_\_

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

### **YES Club Policies**

**(Member and Parent/Guardian please initial each policy).**

#### **Members Must:**

- 1) Respect all YES Club members, staff, interns, volunteers and visitors.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 2) Respect all clubhouse property and other members' property.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 3) NOT pull the fire alarm when there is no emergency.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 4) Refrain from swearing, fighting, or using put-downs.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 5) Stay on property while signed in at the YES Club. Once you sign out, you are not permitted to return for the remainder of the day.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 6) Please leave all valuables at home. YES Club will not be responsible for lost or stolen items.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 7) Participate in homework time and scheduled activities. Participation is a requirement of membership.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 8) Report any type of misconduct to YES staff immediately.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 9) 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 YES program.\***  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_
  
- 10) Use computers for their appropriate purpose as described in the rules posted in the computer lab. Content controls are in place on the computers in the computer lab.  
**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_

- 11) Notification of expulsion or suspension from school must be reported to staff and will result in expulsion or suspension from YES Club.

**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_

- 12) Attend during YES Club Hours: 2 pm - 6 pm when school is in session and 11 am – 4 pm when school is not in session. YES staff will post on social media to communicate with members during calamity days.

All children must be picked up by the designated closing time at YES Club's 100 East Church Street location.

**School Year pick-up time: 6:00 pm**

**Summer Program pick-up time: 4:00 pm**

YES Club staff must remain with your child until they are picked up by the parent/guardian or assigned individual.

If there is an issue which may cause you to be late, please plan accordingly to assure that your child is picked up on time. If you're running late, please contact us by no later than 3:30 pm during the summer or 5:30 pm during the school year at 740-522-0937.

**Late pick-up could impact your child's ability to attend the YES Club program. If a parent/guardian is late more than 10 minutes, we will reserve the right to prohibit the child from attending the YES Club program the following day.**

**Parent/Guardian** \_\_\_\_\_ **Member** \_\_\_\_\_

### **PG-13 Movies**

At YES, we often watch movies and allow our members to view up to a PG-13 rating. If your child is not allowed to watch PG-13 rated movies, please indicate below:

I give permission for my child to watch PG-13 rated movies.

I do NOT give permission for my child to watch PG-13 rated movies.

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

The following disciplinary action may be taken for violating any of the YES Club rules:

- Sent home early
- One day suspension
- Suspension of one week or more
- Expelled from YES program for the remainder of school year
- Expelled from YES program permanently.

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

**Member Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_



**Ohio Mental Health Consumer Outcomes System**  
**Ohio Youth Problem, Functioning, and Satisfaction Scales**  
 Youth Rating – Short Form

Name: \_\_\_\_\_

**Please answer honestly. Answers will not be shared with any other agencies or persons under any circumstances.**

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

<b>Instructions:</b> 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



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: \_\_\_\_\_