Youth Engaged in Service (YES) Club Membership Registration

A program of MHA Mental Health America of Licking County | Licking County Foundation | Mental Health & Recovery for Licking and Knox counties | United Way Licking County

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, OCPSA - YES Club Director Tellie Lee, OCPSA - 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 all that apply): 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:_____

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

2) Name:_____ Relationship:_____
Place of Employment:_____ Work Number:_____
Cell Number:_____
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(s):_____

_____

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)?_____

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

Name of Agency:_____

Phone Number:_____

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 apply:

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

Non-School Days 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 ensure 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:_____

9/2026

BUCKEYE VALLEY 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.
4. The protection of members and guests who are participating in programs or are using YMCA facilities is of paramount concern to the staff of The Buckeye Valley Family YMCA. Therefore, we reserve the right to deny access or membership to any person who is a registered sexual offender or has plead guilty to or been convicted of any crime against persons such as child, spousal, or parental abuse.
5. The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

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: _____