



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOUTH LEADERSHIP DEVELOPMENT TEEN REACH PROGRAM

2021|2022
REGISTRATION FORM

For further questions please call:
John Mabon | Director of Teen REACH | Youth Leadership,
309.680.5624 | john.mabon@peoriaymca.org



We are what's known as an "Actively Engaged Program." Youth in our program need to understand that Participation in all activities is required unless participant is not feeling well and they are excused. Excessive violation of this will lead to dismissal from program.

We believe a successful program begins with a wide variety of games and activities to create a fun and dynamic program. We believe games and activities provide a foundational base for creating an interactive and fun program for students.

Our focus is not skill acquisition, but rather putting campers into situations where conversation, communication, and community are promoted and where their self-confidence and personal identity can be strengthened through a positive summer experience.

We also believe that diverse programming contains activities that allow campers to be creative, problem-solve, design, collaborate, take risks and develop a greater sense of self-reliance and self-assurance.

We utilize many games and activities that one might find in a good quality PE program. These are games/activities where the greater objective, besides having fun, is how the group works together to accomplish or succeed. We do not shy away from competition, but we seek to keep a healthy balance between the spirit and desire to win, and the reason for, and method of, winning!

Eligibility Requirements:

Our trained and certified staff work with our campers in large group settings. YMCA staff builds relationships, fosters a sense of belonging and creates opportunities for our campers to achieve and learn. We offer a wide range of engaging specialist activities, reading every day, as well as character development and swim lessons. Every week has a fun and exciting theme with an educational focus and exciting twist.

At camp, we consider the needs of each camper to promote success and provide a positive camp experience. Disclosure of special needs will not bar participation. Let us know when you register if your child is developmentally, emotionally, or physically challenged or requires another type of assistance. Youth Leadership allows participants going into 6 and to 9th grade ages 11-14 years.

All activities are open to all individuals who meet the following essential eligibility requirements by themselves with or without a reasonable accommodation:

Personal Needs

- Is able to manage all personal hygiene

Motor Needs

- Is able to ambulate on own or with a mechanical device in varied terrains, including, sloped and uneven ground.
- Is able to perform gross motor functions and fine motor functions with reasonable guidance

Additional Requirements for Programs with Outdoor Activities

- Is able to withstand exposure to the outdoors for extended periods of time.
- Is able to get in and out of a kayak and/or canoe.
- Is able to maintain a balanced, upright position when seated in a kayak, canoe, and/or bicycle
- Is willing to wear all safety equipment correctly such as, but not limited to; protective helmets and life jacket

Discipline and Discharge-All children are entitled to a safe and harmonious environment. The safety rules and structures of the program are in place to provide a safe and consistent program. At the Greater Peoria Family YMCA, we believe that guidance is something that should be positive and approached in a fair and caring manner, consistent with the developmental needs of individual children. Clear behavior limits are set and modeled and reasonable guidelines are explained. We encourage children to develop self-control and to handle conflicts in a peaceful, effective and acceptable way while still protecting the safety of both other children and staff.

Registration cost- While the program is **Free**, there may be occasions where students will want to purchase snacks from the snack bar or vending machine.

Field trip- In order to reduce paperwork and waste, the Youth Leadership Program Field Trip Parental authorization form, authorizes the Y to take your child on all field trips for the summer, with notice. You have the right to refuse permission for your child to go on a particular field trip. Just let us know in a timely fashion.

Snack - snacks are provided every day in the morning and afternoon

Why Do You Need Grades? – We collect the participant's final report card. The grants that allow us to offer a free program has stipulations around academic achievement in math, reading, science, and English. In order to achieve our outcomes we must show results pertaining to the requirements. *This does not exclude anyone from joining!*

Medication and Applications-We are not your typical program, we are a Leadership program! We treat each member with respect and help form them into leaders. Part of leadership is also being responsible. To ensure good health and ability to enter into normal camp activities, please ensure that all documents have been turned into the main office. If your camper requires medication during the day or requires and emergency medication, please ensure that the following guidelines are met:

If a child requires medication while at the program:

- An "authorization to give medication" form must be completed by the parent/guardian.
- Medicines must be in original containers, with the child's name on it.
- In case of food allergies, an Allergy Action Plan, signed by a physician, must be submitted to the program office.

All medication will be kept in a locked box. We are not required by law to administer medication and only do so as a service to the guardian

This can page can also be found in parent handbook

Greater Peoria Family YMCA

Youth Leadership Development Enrollment Form

*Any information requested is for our records and to maintain the funding our organization receives to operate this program. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Incomplete forms will not be accepted.

Name: () Male () Female		Date of Birth:	
Ethnicity (circle all that apply): Caucasian African American Hispanic Asian Other (please list)			
Grade :	Teacher:	School:	
Current Address:		Home Phone:	
Cell Phone:			
City:		State:	
Zip:			
Circle all that apply:			
Free/Reduced Lunch	SNAP	TANF	SSDI SSI Medicaid Sec 8/Pub Housing Other:

FAMILY & PARENT/GUARDIAN CONTACT INFORMATION

Family in home (circle): Both parents Mother only Father only Grandparent(s)			
Guardian(s)			
Parent/Guardian #1:		e-mail	
Address:			
Home Phone:		Cell Phone:	
Phone:		Work	
Parent/Guardian #2:			
Address:			
Home Phone:		Cell Phone:	
Phone:		Work	

MEDICAL CONDITIONS AND/OR ALLERGIES: No () Yes () (If yes, please list and explain)

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BEHAVIORAL AND/OR LEARNING CONCERNS: No () Yes () (If yes, please list and explain)

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**EMERGENCY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED
(Contact(s) listed will also be authorized to pick up your child)**

Name:			
Relationship:			
Home Phone:		Cell Phone:	
Phone:		Work	

TERMS AND CONDITIONS	
I understand that this program focuses on academic tutoring and enrichment, sports and recreation, life skills education, as well as substance abuse prevention, and I give permission for my child to participate in the programs and activities provided by Your Program, unless otherwise specified.	
I give permission for my child to participate in fieldtrips scheduled by Your Program. I understand that I will be notified of any fieldtrip prior to it taking place. If I do not wish for my child to participate in a specific fieldtrip, I am required to provide written documentation including my child's name, the nature of the fieldtrip, my name, and my signature to Your Program at least three (3) days prior to the fieldtrip.	
I give Your Program and the Illinois Department of Human Services permission to use photos of my child for purposes as deemed appropriate by Your Program Staff.	
I give permission for Your Program to secure academic, health, behavioral and attendance records from the school in which my child attends in order to help my child succeed.	
I authorize Your Program to notify an emergency contact to act on my behalf in the event that I cannot be reached during an emergency. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Your Program staff to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above. I understand that I will be responsible for any/all costs of medical attention and treatment.	
I understand that transportation to or from the program WILL NOT be provided and that my child must be either be picked up from YMCA by 3:20pm or released to walk by signing the Walker Policy below. Furthermore, I understand that chronic tardiness in picking up my child will result in a late fee and possible suspension from the program.	
I understand that students are not required to stay for the entire program each day as many students are involved in other extracurricular activities.	
We understand and affirm the following: Every student has the right to learn and participate in the program (unless revoked due to disciplinary measures). Every staff member has the right to teach, coach or present their activities. Everyone has the right to feel safe.	
We understand and affirm the following behavior policy: We will maintain appropriate behavior in accordance with the expectations outlined in the Your Program handbook, including, but not limited to, no cell phone use during program time. We have reviewed and agree to the attached Your Program Discipline Procedures and understand that the parent/guardian will be notified if the student engages in inappropriate behavior (behavior that threatens the physical or emotional safety of anyone else, or that disrupts the educational atmosphere).	
We understand that under no circumstance is a student to stay overnight with a Your Program Staff member or volunteer. The only exception is a Your Program sponsored event, in which case you will be notified by Your Program administration. This does not apply to students related to employees naturally or by marriage.	
We have reviewed and agree to abide by the attached <i>Technology Acceptable Use Policy</i> and the statements therein.	
By signing below, I agree to abide by all parameters outlined in this application, and that Youth Leadership, and representatives of the aforementioned shall be indemnified and saved harmless from any and all claims of every character and nature arising out of or resulting from my child's/my participation in activities both onsite and away from the program.	
Signature of student:	Date
Signature of parent/guardian:	Date

Technology Acceptable Use Policy

The following rules and regulations are to be observed by all technology users at all times:

- Abuse or inappropriate use of the technology equipment will not be tolerated.
- Absolutely no food or drinks when using equipment or in the lab.
- **DO NOT DOWNLOAD ANYTHING OR SAVE TO THE COMPUTER'S HARD DRIVE.**
- Get permission from staff BEFORE you print.
- Only visit "Program Appropriate" Web sites. If you need help deciding what is appropriate, ask a staff member if you are allowed to visit a specific site BEFORE you go there!
- Chat rooms and instant messaging are not allowed.
- You may not buy anything online or enter contests.
- Profanity, pornography, and/or any other lewd pictures, language, etc. are strictly prohibited.
- Ear buds/headphones should be used whenever possible. If there are none available, speakers should remain at a reasonable level.
- **The pirating or unauthorized use of another person's log-in and password will result in an automatic suspension!**

Technology Use Agreement

Student Section:

I have read the TECHNOLOGY ACCEPTABLE USE POLICY. I agree to follow the rules and guidelines listed in the policy. I understand that if I violate the rules, I may lose my privileges to use technology in the program, and I may be disciplined according to the Your Program' and/or the school's disciplinary guidelines and procedures. I hereby release Your Program, the Board of Directors, Sample CUSD #XX, their staff and agents acting therein from any claims and damages arising from my use, or inability to use these systems and services.

Parent/Guardian Section:

As the parent/guardian of the above student, I have read the TECHNOLOGY ACCEPTABLE USE POLICY, and grant permission for my child to use technology to access the Internet and use the computer for learning exercises. I understand that technology is primarily used for learning activities and student development. I also understand that it is impossible for all inappropriate material to be screened out completely. Your Program will take reasonable measures to provide a safe place to learn and grow in technology usage. As such, I as a parent will not hold any entity of Your Program or Sample CUSD #XX responsible for inappropriate use of the software or equipment. After reading the policy, I grant the above named student access to technology and all equipment used in accordance with using the above named facility.

If you do not wish for your child to access the Internet, please initial here _____.

WALKER POLICY

Only sign if you wish for your child to walk home on a regular basis

I give permission for my child to walk home from the program and understand that s/he will be released to do so 15 minutes prior to its end each day. Neither Your Program nor Sample CUSD #2 provides staff supervision of students after they have departed. Your Program reserves the right to require student pickup when inclement weather occurs.

Parent/Guardian's Signature: _____

Date: _____

The following questions are required by our funder in order to enroll your student.

Referral Source (check all that apply)

- ☐ Parent / Relative / Friend / Self
- ☐ Teacher / Academic Advisor / School
- ☐ Probation / Law enforcement
- ☐ Social services agency / Religious organization

Individual / Family Risk Factors (check all that apply)

- ☐ Youth living in a single-parent household
- ☐ Youth residing in a household receiving TANF funds
- ☐ Youth experiencing academic difficulties
- ☐ Youth is in danger of or has been previously held back to repeat one or more academic years
- ☐ Youth experiencing truancy concerns
- ☐ Youth is reported to have behavior issues
- ☐ Youth is reported to be a victim of bullying
- ☐ Youth is reported to be a perpetrator of bullying
- ☐ Youth is unsupervised after school
- ☐ Youth has witnessed or been a victim of family violence
- ☐ Youth identifies as LGBTQ
- ☐ Youth with siblings who dropped out of school
- ☐ Youth with siblings who are teen parents
- ☐ Youth with siblings who are involved in the juvenile justice system
- ☐ Youth with one or both parents who are incarcerated
- ☐ Youth with siblings who are gang involved
- ☐ Youth is reported to be gang – involved
- ☐ Youth in the DCFS system
- ☐ Youth is homeless
- ☐ Youth is pregnant
- ☐ Youth is parenting
- ☐ None of the above

Living arrangement at enrollment (check one)

- ☐ Home
- ☐ Relative
- ☐ Independent (house/apartment, etc.)
- ☐ DCFS placement or Foster Home
- ☐ Homeless (no permanent residence)

Future aspirations - student (check one)

- ☐ College / University
- ☐ Technical School
- ☐ Employment – no further education

Employment status at enrollment - student (check one)

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Not employed

Discipline Procedures

If an incident/action requires more than a time-out or apology, or is a repeated unacceptable behavior, an **Incident Report** will be filled out and the parent/guardian notified.

- **First Incident** (for non-zero tolerance rule)
 - Discipline including, but not limited to: apology, timeout, or work assignment.
- **Second Incident** (for non-zero tolerance rule)
 - Discipline including but not limited to: apology, time out, work assignment, or in house suspension
- **Third & Subsequent Incidents**
 - Suspension starting at one day. For every subsequent offense, a day will be added to previous punishment, up to three days.
 - After being suspended for three days, next offense will result in one week suspension.
 - After a week long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.

Zero Tolerance Rules

- Bullying/Harassment/Threats of any type (incidents of this nature will also be reported to child's school district)
- Insubordination/Disrespect towards staff
- Theft or Destruction
- Fighting/Physical Aggression
- **First Offense - Zero Tolerance Rule** (except fighting/physical aggression)
 - Discipline including but not limited to: apology, time out, work assignment, or in house suspension.
- **Second & Subsequent Offenses - Zero Tolerance Rule** (except fighting/physical aggression)
 - Suspension starting at one day.
 - Second offense will result in a three day suspension.
 - After being suspended for three days, next offense will result in one week suspension.
 - After week long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.
- **Fighting/Physical Aggression**
 - Suspension will start at two days.
 - Second offense will result in one week suspension.
 - After a week long suspension, a meeting with the Program Director, Site Coordinator, Parent/Guardian, and child will occur. Possible expulsion will be discussed and left to the discretion of the Program Director and Executive Director.

****In the event that student behavior threatens the physical or emotional safety of anyone (including himself/herself), or disrupts the educational atmosphere of the program, steps outlined above may be forgone at the discretion of the Program and/or Executive Director.****

ACADEMIC CONSENT

As a part of the grant funding for this program that allows us to offer it for **Free Youth Leadership Teen REACH is required to collect the participants quarterly grades. This also helps us keep track of students homework so that we can provide and environment for them to succeed academically!**

Printed name of Parent(s)/Caregiver(s): _____

Parent/Guardian Signature: / _____ /

Print child's name: _____ YMCA: Greater Peoria Family YMCA (1855)

School: _____ Date: _____

ACADEMIC CONSENT

I authorize Teen Reach to obtain from and/or release information regarding the above name to the school listed below:

School attending: _____ I, _____, give permission/consent to the Illinois Department of Human Services and its designees to collect and record data on my child, _____, this data gathering may include, but is not restricted to the following:

- Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, and overall satisfaction with the Teen REACH program.
- Academic and school department data from report cards and other school reports. These will be collected twice per school year.

I understand that the purpose of these surveys and interviews is to document the impact of the Teen REACH program on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her responses.

I understand that my child's responses will be automatically grouped together with the responses of other Teen REACH sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission/consent at any time, and that my permission/consent automatically stops when the child leaves the Teen REACH program. Information to be shared is:

- Report Card
- Educational Progress (Attendance, Behavior Disciplinary Actions, Grades, Individual Education Plans, Progress)
- Teen REACH participation (Attendance, Behavior, Progress)

I understand that the purpose of this information is to aid in provision of academic assistance and to provide statistical information required by the Teen REACH grant. I am aware that I have the right to inspect and copy any information disclosed.

Current Grade Level: _____ Homeroom Teacher _____

X _____

Parent/Guardian Signature

Date

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Family Involvement

I will participate in Teen REACH by:____ Attending Family nights;____Assisting at the site
____Attending special programs;____Talking with staff about my child's participation;____Checking my
child's homework;____Speaking to Teen REACH about my career;____Donating Snacks

Family Needs: Teen REACH staff are available to help you connect to community resources when possible. Please check any area of need that you would like to discuss with staff.

____Food____Clothing____Shelter____Employment____Daycare____Transportation

____Health____Mental Health____Disciple of children____Alcohol/Drug use

____Domestic Violence____Other

Behavioral and Medical Information

Has your child received any previous services, including ABA therapy, Speech therapy, Occupational therapy, Physical therapy, Special Education, or any other type of intervention services?

Circle: No or Yes (Currently | Previously)

Is your child currently receiving services, including speech, OT, PT, Special Education, Horse therapy, Music therapy, Art therapy, counseling, or any service, including those received inside the school setting?

Circle: No or Yes (Currently | Previously)

Name of Primary Care Physician _____

Has your child been diagnosed with special needs, autism, ADHD, ADD, Speech issues, etc.?

Circle: No or Yes (Currently | Previously)

Does your child require a one-on-one aid during the school day?

Circle: No or Yes (Currently | Previously)

Is your child currently taking medication? If so, list them below.

Name of medication _____

Frequency & Dosage _____

Medication 2 _____

Frequency and Dosage _____

Statement of Inclusion

The Greater Peoria Family YMCA welcomes and encourages the participation of children and adults, including those with disabilities, in all of its facilities, classes, programs and activities. We are committed to the following the Americans with Disabilities Act (ADA), to include but not limited to:

- A. Maintaining accessible facilities, classes, programs and activities;
- B. Promoting inclusion through reasonable accommodations; and
- C. Striving to make the recreational experience a positive and successful one for all.

Release

If an individual with a disability requires assistance in order to successfully participate in one of our classes, programs or activities, or to use our facilities, a reasonable accommodation should be requested by the parent or guardian at the time of enrolling in the program or class. Participants visiting the YMCA's facilities or taking part in the YMCA's programs or activities must be able to participate in an independent fashion. Staff is not able to provide services of a personal nature, such as assistance in eating, toileting or dressing. Participants are welcome to bring a caregiver or aide if they need assistance with these activities. Personal caregivers/aides will not be charged program fees for programs or activities they are assisting in, but they are still responsible for paying costs, such as ticket or admission fees. Should a participant need support above and beyond a reasonable accommodation such as one-on-one support, medical assistance that requires medical training this will be provided at the participant or parent's expense. If at any time the behavior of a participant jeopardizes the ability of the YMCA to provide a reasonably safe environment, any individual may be removed from programming.

I have read the above statement of inclusion and understand my requests for accommodation go above and beyond a reasonable accommodation. Furthermore, I understand that I must provide this level of support at my own expense.

Sign _____ **Date** _____

In consideration of participating in activities, and for other good and valuable consideration, I hereby agree to **release** and **discharge from liability** arising from negligence **Greater Peoria Family YMCA** and its owners, directors, officers employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

- By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Telephone () _____ Date _____

(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Print Name Date

_____ Parent or Guardian _____

(If notarization is necessary, please sign & stamp this side of form.)