



YMCA Teen Achievers Program
A Program brought to you by YMCA Black & Hispanic Achievers
2009-2010

Release of Information

I _____ parent/guardian of
Parent's name

_____ give my permission for the
Child's name

YMCA Teen Achievers Program to access my child's grades, attendance report and talk with teachers in order to assist with my child's academic progress. I understand that this information will only be used to enhance the academic performance of my child.

School _____ Homeroom Teacher _____

Signature of (parent/guardian) _____

Date _____

Revised 07/09

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Teen Achiever Application

PLEASE PRINT

First *Middle* *Last*

Home Address *City* *State* *Zip*

School *Kuder School Code*

Kuder User Name *Kuder Password*

Student's email *Student's cell phone#*

Grade Level *GPA*

Date of Birth (Student's)

Race *Gender (M/F)* *Student's Age*

Parent's Name *Parent's Place of Employment*

Parent's email address

Home Phone Number *Cell Phone Number (Parent)*



Student's Name: _____

Please list any school, church or community activities:

What are your plans after high school?

Do you plan to go to College? Yes No

List your top 3 Colleges you would like to attend:

- 1.
- 2.
- 3.

Are you the first to go to College in your family? Yes No

Please list two (2) careers that you would like to pursue:

- 1.
- 2.

Please list four (3) careers that you might not pursue, but would be curious to learn about:

- 1.
- 2.
- 3.

Student's Name: _____

Please express your reason for participating in the [Achievers](#) program



Family's Income level: [please check]

\$0-\$9000 \$9,001-15,000 \$15,001-\$20,000

\$20,001-29,000 \$30,000-\$50,000 over \$50,000

Eligible for Free or Reduced Lunch

Please return completed form to:

Darlene Murphy, Achievers Program Director, 513-961-3958 (fax) **OR** to
dmurphy@cincinnatiymca.org

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CHILD ENROLLMENT, HEALTH & EMERGENCY INFORMATION-
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Child's Name		Date form completed/updated	
Date of Birth	Home Address	City, State, Zip	Home Telephone Number
Parent/Guardian Name	Relationship to Child	Parent/Guardian Name	Relationship to Child
Home Address	Employer/School	Home Address	Employer/School
City, State, Zip	Address & City	City, State, Zip	Address & City
How can you be reached:	Work/School Phone:	How can you be reached	Work/School Phone:
Home Telephone:	Pager:	Home Telephone:	Pager:
Cell Phone:		Cell Phone:	
Where can you be reached most of the time when your child is at this program:		Where can you be reached most of the time when your child is at this program:	
Emergency Contacts: List the names of other local persons who you want to be contacted in the event of an emergency of illness if the parent/guardian cannot be reached. Persons listed should be able to assist in locating the parent/guardian and at least one person listed must be able to take responsibility for the child in cases where the parent/guardian can not be located.			
Name		Name	
City/State		City/State	
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child



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Emergency Transportation

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(Complete only 1 or 2)

1. Give Permission to Transport		2. Do not give Permission to Transport	
I give (Center/Type A Home Name) _____ my permission to have my child transported to (Hospital, Clinic) _____ for emergency medical care or to dental care, or to the nearest available source of assistance		I do not give (Center/Type A Home Name) _____ my permission to have my child _____ transported for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action be taken _____ _____ _____	
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Name of Physician or Clinic/Hospital		Name of Dentist (if applicable)	
Street Address		Street Address	
City, State	Telephone Number	City, State	Telephone Number



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STUDENT & PARENT AGREEMENT FORM

I, _____, have applied for membership into the program year for the **YMCA Teen Achievers** program.

As a Teen Achiever, I agree to:

1. **Maintain** a 2.0 GPA
2. **Attend 90%** of the meetings; arriving on time and well-prepared
3. **Display** behavior consistent with the YMCA core values - caring, honesty, respect and responsibility.
4. **Participate** in fund-raisers and quarterly community service projects
5. **Contribute ideas** to meeting discussions and committee efforts
6. **Complete** my personal Development Assignments
7. **Make** ongoing efforts to define academic, career and personal goals
8. **Maintain** a good academic standing

If at any time I am unable to fulfill my involvement with the program, I will put in writing to the **YMCA Teen Achievers** office my reasons for suspending or discontinuing my membership.

I understand that my involvement in this program is a privilege and that I will be expected to be an active member, representing **YMCA Teen Achievers**, the YMCA and myself positively and upholding the mission and by-laws of both the **YMCA Teen Achievers** and YMCA. I pledge to be a positive Teen Achiever and treat each member with respect and dignity at all times. Moreover, I promise to conduct myself with maturity and respect.

Student Printed Name

Student Signature

Parent Printed Name

Parent Signature

Date

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I hereby grant permission for my son/daughter _____
to participate in a field trip to _____
(activity) _____ (place) on _____ (date).
I understand this field trip is optional and attendance by my child is not
required. Transportation for this activity will be provided by
_____. The planned field trip is tentatively
scheduled to leave the center at _____ (time) and return to
school at approximately _____ (time).

All field trip will begin and end at the YMCA Branch/school unless prior
arrangements have been made to dismiss students to parents or guardians
at an alternative location.

I understand that all students participating in this trip will be responsible in
conduct to the driver and to the staff members or adult supervisors at all
times. It is further understood that students are required to go and return
from this event on the transportation provided, unless prior arrangements
have been made.

Authorization to treat a minor: In the event that I cannot be reached in an
emergency, I hereby give permission to the physician selected by the center
staff to secure proper treatment for my child.

I understand that all persons making a field trip or excursion shall be deemed
to have waived all claims against the [YMCA Teen Achievers](#) Program, and
YMCA for injury, accident, illness, or death occurring during or by reason of
the field trip or excursion.

Parent/Guardian Name

Parent/Guardian Signature

Date

Contact Phone Number

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NOTE: ALL members MUST have this permission form signed by parent/guardian.

PARENT/GUARDIAN NAME

ADDRESS (if different from student/s)

PLACE OF EMPLOYMENT

HOME PHONE

WORK PHONE

CELL PHONE

PERMISSION AND CLAIM RELEASE WAIVER

I, _____, parent/guardian of _____
Do hereby consent that such child may be transported by a volunteer or escorted to the nearest bus stop if I fail to pick-up my child by the time the [YMCA Teen Achievers](#) program concludes and do hereby personally, and on behalf of my child, release the Greater Cincinnati Metropolitan YMCA from any claim for personal injuries which might be sustained by my child while on such trip, or returning to his/her home.

Parent/Guardian Signature

Date

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FOR OFFICE USE ONLY

Student's Name: _____

Date Application Received: _____

Fieldtrips:

Form of Payment: Cash Check # _____ Amount \$ _____ Initials _____

Emergency Contact Numbers:

Home _____ Cell _____ Work _____