YMCA of Greater Flint Safe Places Membership Application

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Y Safe Places Membership $15 per year/$5 per session (scholarships available) Circle session: Fall Winter Summer**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member Last Name | | | | | | Middle Initial | | | Member First Name | | | |
|  | | | | | |  | | |  | | | |
| Member Date of Birth | | | | Age | Gender | | | Grade | | School | | |
|  | | | |  |  | | |  | |  | | |
| Address | | | | | | | | City | | | | Zip Code |
|  | | | | | | | |  | | | |  |
| Primary Phone Number | | | | | | | | Parent Name | | | | |
|  | | | | | | | |  | | | | |
| Race/Ethnicity | | ❑ White ❑ Hispanic/Latino ❑ Black/African American ❑ Asian  ❑ Native Hawaiian/Pacific Islander ❑ American Indian or Native Alaskan ❑ Other | | | | | | | | | | |
| Safe Places | | ❑ Cathedral of Faith ❑ Berston Fieldhouse ❑Flint Development Center  ❑ River Park ❑Downtown YMCA ❑Mt. Olive ❑Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| Yes | No | Parent / Legal Guardian Consent | | | | | | | | | | |
|  |  | Would you like to apply for a scholarship? | | | | | | | | | | |
|  |  | May Safe Places staff perform general first aid if necessary? | | | | | | | | | | |
|  |  | Does your child have any **EMERGENCY MEDICATION** we should be aware of? If yes, please list: | | | | | | | | | | |
|  |  | Are there activities your child should **NOT** participate in? If yes, please list: | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
| Medical Concerns, Allergies, Medications, Dietary or other Special Needs | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *(Example: ADD/ADHD; Anger Issues/ODD; Autism/Asperger Syndrome; Cognitive, Emotional and Speech Impairment; Dyslexia)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Emergency Contact Information (1) (2) (3) | | | | | | | | | | | | |
| Name(s) | | |  | | | |  | | | |  | |
| Home Phone | | |  | | | |  | | | |  | |
| Work Phone | | |  | | | |  | | | |  | |
| Cell Phone | | |  | | | |  | | | |  | |
| Email | | |  | | | |  | | | |  | |
| Relationship to Child | | |  | | | |  | | | |  | |
|  | | |  | | | |  | | | |  | |
| Comments: | | |  | | | |  | | | |  | |
|  | | | | | | | | | | | | |

**Y Safe Places MEMBER & PARENT/GUARDIAN EXPECTATIONS AND INFORMATION**

Please read and initial the following statements to indicate your understanding and adherence to the policies and procedures of the YMCA of Greater Flint. Then sign and date below.

\_\_\_\_\_\_\_\_\_\_**Open Door Policy**: I understand that the YMCA of Greater Flint has an open-door policy, and members are free to enter and leave the building. Parents and guardians of Y Safe Places members are responsible for their own transportation to and from the program. I also understand the Y is not, nor does it claim to be, a licensed day care provider. I understand that the program is a drop-in facility, and the organization is not responsible for Y Safe Places members’ whereabouts.

\_\_\_\_\_\_\_\_\_\_ **Photo/Video/Media Release**: As the parent/guardian of the minor child listed on this application, I hereby grant permission to the YMCA, its agents and assigns, to use above named child’s photo or video, and likeness for the purpose of promotion by YMCA for all forms of media and manners, for the following, but not limited to: news releases, photographs, videos, audio, website, marketing, advertising, trade, promotion, exhibition, for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the child listed on this application to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notification. I further acknowledge that I will not be compensated for these uses and the YMCA owns all rights to the images, videos, and recordings, and to any derivative works created from them. I hereby release YMCA and its agents and assigns from any claims that may arise from these uses, including and without limitation of claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. If there are security issues with the public release of my child’s image engaged in YMCA, I understand that I must speak with the Safe Places Director.

\_\_\_\_\_\_\_\_\_\_ **Data Collection & Sharing**: I give my permission to the YMCA to collect information via online or written surveys, questionnaires, interviews, and focus groups from the minor child listed on this application. Any and all information received will be kept and strictly confidential. Data gathered through these means will be summarized in the aggregate and will exclude all references to any individual responses. The aggregated results of these analyses may be shared with Y Safe Places staff, YMCA of Greater Flint, funders, and other community stakeholders to evidence program effectiveness and/or Y Safe Places impact on our members. I understand that the YMCA may share information about the minor child listed on this application for research purposes and/or to evaluate the program’s effectiveness. Information that will be disclosed to YMCA of Greater Flint/Y Safe Places may include the information provided on this membership application, information provided by the minor child’s school or school district, and other information collected by YMCA including data collected via surveys or questionnaires. All information provided to YMCA will be kept confidential.

**Youth Development Program**: I understand the YMCA of Greater Flint has a mission to build healthy spirit, mind, and body for all through our focuses of Youth Development, Healthy Living, and Social Responsibility. I understand that in the course of serving my child and fulfilling the mission, YMCA staff and/or volunteers may develop a mentoring and professional relationship with my child. I understand it is the policy of the organization for every adult to complete and pass a background check. I understand it is the policy of the organization for this relationship to be constrained to official YMCA activities and events.

**Y Safe Places MEMBER & PARENT/GUARDIAN EXPECTATIONS AND INFORMATION Continued**

It is expected that all members follow the Y Rules when participating in the program.

**YMCA Core Values: Caring Honesty Responsibility Respect**

I understand that my child must wear adequate footwear to participate in sports, fitness, and recreation programs. I understand that my child must wear appropriate attire when participating in the activities of YMCA.

I understand the organization is not responsible for any lost, stolen, or damaged property.

I understand that when my child is absent from school due to illness or disciplinary action of any kind, he/she may not attend the program on those days as it represents a health/safety risk to others.

I authorize the YMCA of Greater Flint to seek emergency medical treatment for the minor child listed on this application if I cannot be reached and/or if life threatening injuries are apparent. I understand that I will be responsible for any/all costs of medical attention and treatment. The Y will not be responsible for any accident to the child while on the premises or while engaged in any off-site activity with the organization.

I understand that my child’s membership standing, or program participation is based upon their ability to obey the rules of the Y, its officials, staff members, volunteers, members, facilities, and programs. Membership may be suspended or terminated at any time for misbehavior without a refund.

I understand I, the parent/guardian of the minor child listed on this membership application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the YMCA of Greater Flint (YMCA, Y Safe Places ), their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations, either at or away from the Y.

I have read the completed application and this form, understand the rules, regulations, policies, and expectations of the YMCA of Greater Flint, and have properly communicated and reviewed them with my child. I request that the minor child listed on this application be admitted into membership of the Y Safe Places program.

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Y Safe Places Member Printed Name Y Safe Places Member Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Parent/Guardian Printed Name Parent/Guardian Signature Date