

# YOUTH ACHIEVERS PROGRAM

## 2017 - 2018 Permission Slip

### COME AND ENJOY...

**2 Saturdays a Month 9:30am - 12:00pm**

**Wilson-Gray YMCA  
Youth & Family Center  
444 Albany Ave.  
Hartford, CT 06120**

(Please Check One For Each Date)

Will Be Attending

- **5th Grade: Building Character**
- **6th Grade: Fun Finance**
- **7th Grade: Entrepreneurship**
- **8th Grade: Science & Technology**
- **High School: Youth & Government**
- **High School: Y—Universe City/Leadership**

10/07/2017	1st session	-----
10/21/2017		-----
11/04/2017		-----
11/18/2017		-----
12/02/2017		-----
12/16/2017		-----
01/06/2018		-----
01/20/2018		-----
02/03/2018		-----
02/17/2018		-----
03/03/2018		-----
03/17/2018		-----
04/07/2018		-----
04/21/2018	- Last session	-----



PLEASE READ CAREFULLY BEFORE SIGNING:

I UNDERSTAND THAT MY INVOLVEMENT IN THE PROGRAM AND PARTICIPATION AT EVENTS IS WELCOMED AND ENCOURAGED IN ORDER TO HELP FOSTER A GOOD RELATIONSHIP AND IMPROVE THE SUCCESS OF MY CHILD. I WILL PARTICIPATE WHENEVER POSSIBLE. BY SIGNING THIS PERMISSION SLIP, I GIVE MY CHILD PERMISSION TO ATTEND FIELD TRIPS AND CONSENT TO THE TAKING OF PHOTOS OF MY CHILD PARTICIPATING IN THE PROGRAM/EVENTS AND THEIR USE IN PROMOTIONAL AND MARKETING MATERIALS.

**PLEASE SIGN AND RETURN BY SATURDAY, OCTOBER 7, 2017**

**STUDENT NAME:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**SCHOOL NAME:** \_\_\_\_\_

**MEDICAL CONCERNS: Y\_\_ N\_\_ IF YES, PLEASE EXPLAIN:** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_ **PARENT SIGNATURE:** \_\_\_\_\_

**FAMILY ADDRESS:** \_\_\_\_\_ **CITY/STATE & ZIP CODE** \_\_\_\_\_

**PARENTS TELEPHONE NUMBER(S): HOME** \_\_\_\_\_ **CELL** \_\_\_\_\_ **WORK** \_\_\_\_\_

**\_ YES \_ NO PHOTO RELEASE** (THIS WILL ALLOW THE YMCA TO TAKE AND USE ANY PICTURES FOR MARKETING/PROMOTIONAL PURPOSES ONLY!)

FOR MORE INFORMATION, PLEASE CONTACT:  
Keon Berry at 860-241-9622 or email: [Achievers@ghymca.org](mailto:Achievers@ghymca.org)



# Youth Achiever Program

## Registration Form 2017-2018

### Participant Information

Title: Miss Mrs. Mr. Dr. Ms. Other \_\_\_\_\_ Sex: M F Participant Date of Birth: \_\_\_\_\_ Parent Date of Birth: \_\_\_\_\_

Participant Name \_\_\_\_\_  
(first) (MI) (last) (suffix i.e. jr.)

Parent/guardian Name \_\_\_\_\_  
(first) (MI) (last) (suffix i.e. jr.)

Home Address \_\_\_\_\_  
(street) (town/city) (state) (zip code)

(email address) ( ) - ( ) -  
(home telephone) (cellular telephone)

(employer name) (employer address) (work telephone)

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Phone \_\_\_\_\_

Student's Grade: \_\_\_\_\_

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

**Program Membership Fee: \$30/ea. Add. Child: \$10**  
Payment Method: Cash / MO / Check  
# \_\_\_\_\_ Amount \_\_\_\_\_  
**\$20 Fee for Current Full-Facility Members, Add. Child: \$10** Branch \_\_\_\_\_ Member # \_\_\_\_\_

### Program Enrollment

#### ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To: YMCA of Metropolitan Hartford, Inc. its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individually hereinafter referred to as the "Y").

The undersigned on behalf of himself/herself and his/her minor children named below (hereinafter collectively and individually referred to as the "Releasers") acknowledges that Releasers may participate in activities involving risk of injury to person or property and that they assume full responsibility for all such risk. Other than as set forth below, the undersigned certifies that each of the Releasers is in good health with no condition, illness or abnormality which might subject them to undue personal risk from engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances. I also grant permission to the YMCA to release identifiable demographic information to funders, as requested, which may include, but is not limited to first and last name, date of birth; home address; gender; and race/ethnicity.

Furthermore, the undersigned on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the Y or otherwise, while Releasers are in, on or about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect.

The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the Y in writing of the change.

The undersigned gives permission for photos or videotapes of himself/herself and his/her children named below while participating in Y activities to be used for promotional purposes. (Cross out and initial if permission not given.)

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

I hereby register for the program (s) listed in this registration form and accept the policies and procedures related to that program.  
I give my permission to the YMCA to take and use at their discretion photographs of my child/children to be used in promotional materials.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

