



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEEN ACHIEVERS PROGRAM REGISTRATION

## TEEN'S INFO

Full Name (Last, First, Middle) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Gender  Male  Female  Trans  Non-Binary

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

T-Shirt:  S  M  L  XL  2XL  3XL Polo Shirt:  S  M  L  XL  2XL  3XL

## CUSTODIAL GUARDIAN'S INFO

 Assign phone numbers priority 1 to 6 to contact in case of emergency.

Parent/Guardian 1 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Priority \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Priority \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Priority \_\_\_\_\_

Parent/Guardian 2 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Priority \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Priority \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Priority \_\_\_\_\_

## DEMOGRAPHIC INFO

Race/Ethnicity:  African-American/Black  Asian/Pacific Islander  Hispanic/Latino  Multiracial  
 Native American  Caucasian/White  Decline to answer

Household Income:  \$0-9,999  \$10k-19,999  \$20k - \$29,999  \$30k-39,999  
 \$40k-\$49,999  \$50k+  Decline to answer

School Type:  Home School  Private  Public Do you attend school in a virtual format?  Yes  No

Parent/Guardian Military Status:  Active  Retired  Non-Military  Decline to Answer

Primary Language Spoken at Home:  English  Spanish  Creole  Other  Decline to Answer

## ADDITIONAL INFO

List any allergies, intolerance to food, medications and any other substances. What are the symptoms and action to be taken, if any?

To ensure the best possible experience, tell us about any emotional, behavioral, physical or developmental challenges and any special accommodations needed.

**AGREEMENTS & RELEASES** The following information is important for the safety and protection of each teen. Please read this information and sign at the bottom.

**Permission for Enrollment and Release of YMCA from Liability:** I give my child permission to participate in YMCA activities. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I hereby grant permission for my child to participate in all activities provided by the Tampa Metropolitan Area YMCA and permit photographs during activities to be used by the YMCA.

**Authorization for Emergency Medical Treatment:** If my child should become ill or injured during YMCA activities, I understand that the YMCA will 1) contact me immediately or 2) contact the person(s) I have designated in my membership account in case I cannot be reached. Should the YMCA be unable to reach me or the person(s) designated, the YMCA is authorized to arrange for immediate medical treatment to ensure the health and safety of my child. I accept responsibility for payment of medical services rendered.

**Transportation Release:** I give my child permission to be transported by the YMCA. I understand that the Tampa Metropolitan Area YMCA may provide transportation to and from scheduled activities.

**Photo and Video Release:** The YMCA of Tampa requires your consent for the use of photographs or digital images of your child in any printed/filmed material for promotions. Please check below to indicate whether you give the YMCA of Tampa consent or not. I consent to authorize the YMCA of Tampa to use photographs or digital images in any printed/filmed material for promotions.    Yes    No

**I verify that the information given is accurate and current. I have read and understand the statements above regarding YMCA policies and procedures and, where authorization is required above, I give my consent (or have indicated otherwise).**

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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