



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TEEN ACHIEVERS PROGRAM REGISTRATION 2025-2026

## TEEN'S INFO

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

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

Select one **Race** ☐ White or Caucasian ☐ Black or African American ☐ American Indian or Alaska Native

☐ Asian ☐ Hawaiian or other Pacific Islander ☐ Two or More Races ☐ Refused

Select one **Ethnicity** ☐ Hispanic or Latino ☐ not Hispanic or Latino

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 \_\_\_\_\_

## 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 \_\_\_\_\_



# TEEN ACHIEVERS

## Parent Data Demographic Information for Grant Funding 2025-2026

This survey is confidential and will be used only for purposes of grant tracking and evaluation of program outcomes. Information collected will not be released to anyone or used for anything but program evaluation.

<b>PARENT 1 NAME</b>		<b>PARENT 1 DOB</b> /    /	
<b>PARENT 1 GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available			
<b>PARENT 1 RACE</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> Refused <input type="checkbox"/> Not Available			
<b>PARENT 1 ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused <input type="checkbox"/> Not Available			
<b>PARENT 2 NAME</b>		<b>PARENT 2 DOB</b> /    /	
<b>PARENT 2 GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Available			
<b>PARENT 2 RACE</b> <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Two or More Races <input type="checkbox"/> Refused <input type="checkbox"/> Not Available			
<b>PARENT 2 ETHNICITY</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Refused <input type="checkbox"/> Not Available			
<b># OF ADULTS IN THE HOUSEHOLD</b>		<b># OF CHILDREN IN THE HOUSEHOLD</b>	
<b>HOUSEHOLD STRUCTURE</b> (check one) <input type="checkbox"/> Male (Single) Head of Household <input type="checkbox"/> Female (Single) Head of Household <input type="checkbox"/> Other-Relative/Kinship Care (Single) Head of Household <input type="checkbox"/> Dual 2 Parent Household <input type="checkbox"/> Dual 2 Other-Relatives/Kinship Care <input type="checkbox"/> Other		<b>Does your child receive a FREE or REDUCED lunch?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Does your child have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HOUSEHOLD INCOME</b> (check one) <input type="checkbox"/> \$0-\$9,999.99 <input type="checkbox"/> \$10,000-\$19,999.99 <input type="checkbox"/> \$20,000-\$29,999.99 <input type="checkbox"/> \$30,000-\$39,999.99 <input type="checkbox"/> \$40,000-\$49,999.99 <input type="checkbox"/> \$50,000 and up <input type="checkbox"/> Refused		<b>PRIMARY LANGUAGE SPOKEN AT HOME</b> (check one) <input type="checkbox"/> English <input type="checkbox"/> Haitian-Creole <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/> Refused	
<b>HIGHEST LEVEL OF EDUCATION ATTAINED IN HOUSEHOLD</b> (check one) <input type="checkbox"/> Some or no high school <input type="checkbox"/> Some college <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Technical certificate <input type="checkbox"/> Advanced Degree <input type="checkbox"/> Associates Degree <input type="checkbox"/> Refused			