YMCA JUNIOR ACHIEVERS REGISTRATION 2026–2027

CBO USE ONLY
Date Enrolled: _____
Welcome Email Sent: ☐Yes ☐No

Grade Enrolled in 2026–2027 School Year	School Name			
Name	**D.O.B.**	**Grade**	**Age**	**Gender**
				☐Male ☐Female

Race (Check one)

☐White or Caucasian ☐Black or African American ☐American Indian or Alaska Native ☐Asian
☐Hawiian or other Pacific Islander ☐Two or More Races ☐I do not wish to provide this information

Ethnicity (Check one)	T-Shirt Size
☐Hispanic or Latino ☐Not Hispanic or Latino	☐S ☐M ☐L ☐XL ☐2XL ☐3XL

Address (Street/City/State/Zip)	Polo Shirt Size
	☐S ☐M ☐L ☐XL ☐2XL ☐3XL

Parent/Guardian 1	D.O.B.	Cell Phone
Place of Employment	**Email Address**	
Work Phone	**Home Phone**	

Parent/Guardian 2	D.O.B.	Cell Phone
Place of Employment	**Email Address**	
Work Phone	**Home Phone**	

Emergency Contact Name	Relationship
Emergency Contact Address	**Emergency Contact Phone**

NOTE: The Tampa Metropolitan Area YMCA requires that each line be completed with information or the word "NONE" inserted.

The parent's or legal guardian's signature verifies the parent or guardian has been notified in writing of the disciplinary practices used by the Tampa YMCA Junior Achievers Program.
Please complete the following:

I, _____, have received in writing the disciplinary practices used by the Tampa YMCA Junior Achievers Program.

Date _____ Parent/Guardian Initials _____

Authorization for Photo/Video Release

I ☐ **DO** ☐ **DO NOT** GRANT FULL PERMISSION TO THE TAMPA METROPOLITAN AREA YMCA TO USE PHOTOGRAPHS/ VIDEO TAPE, OF MY TEEN FOR PUBLICATION FOR YMCA PUBLICITY PURPOSES.

Date _____ Parent/Guardian Initials _____

Authorization for Emergency Medical Treatment 2026-2027

If my teen,_____, should become ill or injured at the Tampa YMCA Junior Achievers Program, I understand that the facility will (1) contact me immediately and (2) contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my teen's physician and/or arrange for immediate emergency treatment, including transportation by ambulance. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my teen. I will accept responsibility for payment of medical services rendered.

Signature _____ Relationship _____ Date _____

Please list any information regarding allergies, behavior, medical and/or handicapping conditions

Teen's Allergies _____

Is my teen taking any medication? ☐ Yes ☐ No

If yes, list below any medication that will help us care for your teen. If no, please write "NONE."

Authorization for Transportation Release

I give my teen permission to be transported by the Tampa Metropolitan Area YMCA. I understand that the Tampa Metropolitan Area YMCA may provide transportation to and from scheduled activities.

Signature _____ Date _____

Tampa YMCA Junior Achievers Program Policies and Procedures 2026-2027

Program Overview
Tampa YMCA Junior Achievers provides structured activities (breakfast, lunch, academic enrichment, arts, character development, health and life skills) in a school-based setting.

Agreements & Releases
The following information is important for the safety and protection of each teen.
Please read this information and initial each section.

Holidays **Initial** _____
The Tampa YMCA Junior Achievers Program will not be held on official holidays.

Dismissal/Authorized Persons **Initial** _____
Teens will be dismissed from the program at the designated community site unless otherwise specified. Teens requiring parent/guardian must be listed on the registration form and present a valid ID. Any changes to the individual teen's dismissal procedure must be communicated with staff prior to program start time.

Please check one and initial above: ☐ Self-Dismissal ☐ Parent/Guardian Pick-Up

Safety Procedures **Initial** _____
Teens suffering injury at, or during, the Tampa YMCA Junior Achievers Program will be assessed by leadership for necessary care. When necessary, parent/guardian will be notified at the time of the injury or illness and given the option of picking up their child at that time. If not available, the child's emergency contact will be notified. In the event of serious injury, EMS will be summoned.

Discipline Policy **Initial** _____
Teens will be given basic rules of safety and good conduct for their program. A progressive discipline policy is used for guidance at the discretion of the staff involved. Written reports will be used for continued or severe disciplinary problems and will require the signature of the parent or guardian. Parents may also be contacted by phone or requested to meet with staff as needed. If it is determined to be a threat to the safety of other teens, self or staff, or is disruptive to the program, the teen will be immediately removed from the program and parents will be called to pick up the teen. This may result in the teen being terminated from the program after a review of the circumstances.

Medication/Illness **Initial** _____
The Tampa YMCA Junior Achievers Program will not dispense medication without written permission from the parent or legal guardian, or any expired medications. All current medication must be in its original container with teen's name, doctor's name and dosage. If your teen has a contagious condition (i.e. pinkeye, lice, fever, rash, etc.) they will not be admitted to the Tampa YMCA Junior Achievers Program. You will be required to pick up the youth immediately

Permission for Enrollment & Release of Tampa YMCA from Liability **Initial** _____
I give my teen permission to participate in the Tampa YMCA Junior Achievers Program activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for the Tampa YMCA allowing my teen to participate in Tampa YMCA activities, I understand and expressly acknowledge that I release the Tampa YMCA and its staff members from all liability for any injury or damage connected in any way whatsoever to participation in Tampa YMCA activities, whether on or off the Tampa YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the Tampa YMCA, its staff, directors, members and guests. I have read and am voluntarily signing this authorization and release.

I have read this form and grant permission for my teen,_____,
to participate in all activities provided by the Tampa Metropolitan Area YMCA.

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____