

**Ventura Family YMCA
YOUTH & GOVERNMENT
2008 – 2009 PROGRAM**

Child's Last Name _____ First Name _____

Date of Birth _____ Age _____ Sex _____ School _____ Grade in Sep. '08 _____

Address _____ City _____ Zip _____

Mother's Name _____ Phone (h) _____ (c) _____

Mother's Place of Employment _____ Phone _____

Father's Name _____ Phone (h) _____ (c) _____

Father's Place of Employment _____ Phone _____

Child lives with _____ Email _____

PROGRAM RESPONSIBILITIES

DELEGATION CRITERIA

Delegates participating in California Youth and Government from the Channel Islands Alliance must adhere to the following criteria:

1. Consistently demonstrate the six pillars of Character: Trustworthiness, Caring, Honesty, Respect, Responsibility and Citizenship as they participate in Y&G activities and functions
2. Stay knowledgeable in regards to current events through newspapers, magazines, television news sources, and the internet especially in relation to the delegation's bill taken to Sacramento
3. Participate actively in all Youth and Government conferences. (T&E I, T&E II, Sacramento)
4. Attend 80% of all Youth and Government meetings, with the following criteria:
 - No more than two excused absences prior to T&E I
 - No more than two excused absences prior to T&E II
 - No more than one excused absence prior to Sacramento
 - The last meeting before each conference is mandatory
 - Delegates must notify the President and Advisor(s) if they are to miss a meeting
5. Vote in all elections at the conferences. Delegate must show they have voted as indicated by having their badge punched or marked with a voting sticker.
6. Follow directions of all advisors, deans, and staff irrespective of their YMCA.

CODE OF CONDUCT

Essential to the Model Legislature/Court program is the concern of each participant for the rights of every individual. Being responsible for one's own behavior at all times is a necessary part of self-government. It is critical that all delegates, advisors, and staff act responsibly to ensure that their own conduct and attitude is beneficial not only to themselves and their fellow delegates, but also to ensure the continuation of the California YMCA Model Legislature/Court.

The Code of Conduct shall be observed by both youth and adults. There will be no double standard. By choosing to participate in the programs of California YMCA Youth & Government, it is expected that each individual has read, understands, and agrees to follow the Code of Conduct while attending any part of the program.

Each participant is accountable for preserving the reputation and high standard of his/her YMCA delegation and the California YMCA Model Legislature/Court Program.

All participants share equally the responsibility for their actions when violations of the Code are witnessed. Those who decide to be present when a violation occurs shall, by their own choice, be considered a participant in the violation. In this program, there are no "innocent bystanders".

I have read and understand the above Program Responsibilities and I agree to follow it and failure to adhere to YMCA standards may result in expulsion from the program.

DELEGATE'S SIGNATURE _____

DATE _____

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**EFT/CREDIT CARD AGREEMENT
(Electronic Fund Transfer)**

MONTHLY PAYMENTS:

- Monthly Payments are automatically deducted from your account on:
(Check one option)

\$ _____ the SIXTH of each month

\$ _____ the TWENTIETH of each month

- Because you authorize the transfer of money from your account to ours on a monthly basis, it is imperative that we are informed of any account and/or address changes. A voided check/card imprint from your new account and any payments due will be needed to complete the transfer if your account changes. **Initial:** _____
- It is your responsibility to check your monthly statement to ensure that the proper transactions have taken place. Your monthly statement is your receipt of payment. If required, a monthly ledger will be provided upon request. **Initial:** _____
- If the sixth or the twentieth falls on a Saturday, the transfer will take place on the previous Friday. If the sixth or the twentieth falls on a Sunday, the transfer will take place on the following Monday. **Initial:** _____

CANCELLATIONS:

- Your payments continue automatically through March of 2009. **Initial:** _____
- If you wish to discontinue EFT/credit card payments, you must give the Program Director and administrative office 30 days written notice prior to your withdrawal date. The YMCA does not take the responsibility for canceling your draft before March 2009. **Initial:** _____

NON DRAFTS:

- If we are unable to draft/charge payment from your account because of non- sufficient funds or a closed account, we will notify you. A \$20 charge will be added to your monthly payment and payment must be made within forty-eight hours of notification. If payment is not received, your child will be dropped from the program. **Initial:** _____
- Continued non-drafts/charges on your account will result in termination from program. **Initial:** _____

I (We) hereby authorize the YMCA to initiate debits to the bank indicated below to debit the amounts thereof to my (our) checking/credit card account indicated.

This Authority is to remain in full force and effect until March 2009 or until the YMCA or bank has received written notification from me (us) of its termination in such time and in such manner as to afford the YMCA or bank a reasonable opportunity to act on it: or until the YMCA or bank has sent me (us) fifteen days written notice of the YMCA or bank's termination of this agreement.

I have read, and agree to abide by the above described EFT/credit card guidelines. **Initial:** _____

My first withdrawal will be transferred from my account on: _____ **Initial:** _____

PRINT NAME(S) _____ **DATE** _____

SIGNATURE(S) _____

**IF OPTING FOR EFT, PLEASE ATTACH A VOIDED CHECK TO THIS AGREEMENT
CREDIT CARD INFORMATION WILL BE TAKEN AT THE YMCA OFFICE**

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Emergency/Health Information

Health Information

Child's Name _____ Home Phone Number _____

Parent's Name _____ Work Phone Number _____ Cell Phone Number _____

Has the child had any serious or severe illnesses or accidents in the past 3 years? YES NO

If yes, please explain _____

Does the child take any medication during the day? YES NO

If yes, Medication Release Form is required, please list _____

Allergies: YES NO If yes, please list _____

Please circle all immunizations which are current: Polio Measles Rubella DPT Mumps Other _____

Special problems or fears? YES NO If yes, please explain _____

Physician _____ Phone _____ Dentist _____ Phone _____

Insurance Co. Name _____ Policy # _____

Persons Allowed To Call for Your Child or To be Called In An Emergency (In addition to Parents)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Consent To Emergency Medical and Dental Treatment

As the parent, domestic partner, or authorized representative, I hereby give consent to Channel Islands YMCA, and its employees and volunteers to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child, _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Parent/Guardian Signature _____ Date _____

Permission for Walking Trip Excursions and Use of Public Park Facilities

I hereby give consent to the Channel Islands YMCA and its designated leaders to take _____
(Branch Name) (Child's Name)

on walking trips in the neighborhood, special excursions to places of interest, and public park facilities, in YMCA vans and leased buses, with the understanding that such trips are under supervision of authorized personnel of the YMCA and that all possible precautions are taken to insure the health and safety of my child.

Parent/Guardian Signature Date

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Child's Health Statement, Photographic & Video Release, Insurance Disclaimer, Parent Statement of Understanding

Child's Health Statement

I, the undersigned parent/legal guardian, understand that at a YMCA Program, physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed on the Emergency/Health Information Form) from strenuous physical activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the Channel Islands YMCA of any restrictions on my child's activities.

Photographic and Video Release

I hereby give Channel Islands YMCA, including its volunteers, employees and any other persons and entities acting with its permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or video of or concerning my child for the purpose of any YMCA advertising, education, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the exclusive property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Insurance Disclaimer

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her parents.

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign the form.

Please keep and refer to your copy or the YMCA Program Policies. Your signature below indicates that you have received them.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA 2008/2009 Program Handbook and /or Program Policies & Procedures.

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date