



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Individual youth/teen membership: \$120 a year (\$10 a month)  
Multiple youth/teen (siblings): \$150 a year  
Scholarship available on sliding scale.

## MEMBERSHIP APPLICATION ST. GEORGE YOUTH CENTER- in Isla Vista

Youth Member			
First Name	Last Name	Date of Birth	Ethnicity
Email:		Gender: Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>
School	Grade	Telephone number	Can you receive text msgs?

Are you interested in a scholarship towards membership fee? Yes \_\_\_ No \_\_\_  
 How much can you pay? \_\_\_\_\_ If you are interested in a scholarship, please list your annual income and bring copy of tax returns. Annual income \_\_\_\_\_  
 How many in your household/family? \_\_\_\_\_  
 Does your child receive free or reduced lunch at school? Yes \_\_\_ No \_\_\_

Parent Information			
First name	Last name	DOB	Relationship to member
Address:		City:	State      Zip code
Telephone numbers (home)	(Cell)	can you receive text msg?	(work)
Email			
Other contact in case of emergency:		Telephone:	Relationship to member

Other Youth in family (1)				¿Member? Yes No		
First Name	Last name	Relationship to member	Date of birth	M	F	Age
				<input type="checkbox"/>	<input type="checkbox"/>	
Other Youth in family (2)				¿Member? Yes No		
First Name	Last name	Relationship to member	Date of birth	M	F	Age
				<input type="checkbox"/>	<input type="checkbox"/>	
Other Youth in family (3)				¿Member? Yes No		
First Name	Last name	Relationship to member	Date of birth	M	F	Age
				<input type="checkbox"/>	<input type="checkbox"/>	
Other Youth in family (4)				¿Member? Yes No		
First Name	Last name	Relationship to member	Date of birth	M	F	Age
				<input type="checkbox"/>	<input type="checkbox"/>	
Other Youth in family (5)				¿Member? Yes No		
First Name	Last name	Relationship to member	Date of birth	M	F	Age
				<input type="checkbox"/>	<input type="checkbox"/>	

PRINT LAST NAME, FIRST NAME

MEMBER #

DATE

FOR OFFICE USE ONLY

"Thank you for agreeing to receive our periodic email communications. We never share or sell email addresses."

## SGYC EMERGENCY/HEALTH INFORMATION HISTORY FORM

### General Information (Please print)

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Grade \_\_\_\_\_  
Child lives with \_\_\_\_\_ Relationship \_\_\_\_\_  
Please attach copies of any legal documentation regarding non-custodial parents

### Health Information

Has your child had any serious or severe illnesses or accidents in the last 3 years? Yes No

If yes, explain \_\_\_\_\_

Does the child take any medication during the day? Yes No

Please list medications: \_\_\_\_\_

Allergies? Yes No If yes, list: \_\_\_\_\_

Special needs or fears? Yes No If yes, explain: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Group #: \_\_\_\_\_

### Emergency Contacts/ Authorized Pick-Up (In addition to Parents)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I hereby give permission to Channel Islands YMCA and its employees and volunteers to release any and all of the above health history to any medical personnel rendering emergency medical aid or treatment to my child.

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Walking Fieldtrip permission, Consent to Treatment and Release, Child's Health Statement, Photographic Release, and Insurance Disclaimer FOR SGYC

Child's Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION FOR FIELDTRIPS, WALKING FIELDTRIPS, WALKING EXCURSIONS, AND USE OF PUBLIC PARK FACILITIES:** I hereby give consent to the Channel Islands YMCA and its designated leaders to take the above named child on walking trips in the neighborhood, public park facilities, special excursions to places of interest in YMCA vans, buses, commercial vehicles, public transportation, or rented vans or 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 Initial \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT:** As the parent [ ], domestic partner [ ], or authorized representative [ ], I hereby give consent to Channel Islands YMCA 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 the child named above. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of a child named above. Parent Initial \_\_\_\_\_

**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. Parent Initial \_\_\_\_\_

**PHOTOGRAPHIC RELEASE:** In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of the above named child for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission. I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect 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. Parent Initial \_\_\_\_\_

**INSURANCE DISCLAIMER:** The 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's parents or guardians. Parent Initial \_\_\_\_\_

**The following CODE OF CONDUCT and AGREEMENTS should be followed at all times while participating in all services offered at and by the ST.GEORGE YOUTH CENTER(SGYC), a program of the Youth and Family Services Branch of the Channel Islands YMCA.**

The YMCA is committed to providing a safe and fun space for all of its members. To secure the safety of members we request that all members act in an appropriate manner when visiting the facility and participating in activities offered through the ST.GEORGE YOUTH CENTER (SGYC) in Isla Vista, a program of the YMCA. If you have questions or need assistance our program staff will be happy to assist you.

**Each member and their parent please read and initial below:**

Please follow all the rules and instructions listed by the ST. George Youth Center (SGYC). \_\_\_\_\_

In order to participate in SGYC members must present their membership card upon entering.

The use of cell phones is allowed in all rooms except in the Study Zone and Fitness Zone. \_\_\_\_\_

Siblings under 10 years old are allowed during designated family days with parental supervision and completed liability waivers \_\_\_\_\_

When participating in the Fitness Zone you must wear appropriate clothing and shoes for exercise.

The YMCA/SGYC is not responsible for lost or stolen items. \_\_\_\_\_

Any item/supply provided by the SGYC must be returned in the manner in which it was provided. You will be responsible for replacement costs of items lost, stolen or damaged.  
\_\_\_\_\_

Parents attending special events, workshops or groups must check in at the registration desk and identify youth member. \_\_\_\_\_

All guests must present identification (school id.)and check in at the registration desk. A parent or guardian must sign the WAIVER before entering.  
\_\_\_\_\_

Any change to membership must be done in writing at the registration table. There are no refunds. \_\_\_\_\_

**In addition, the following listed below are prohibited at all times at SGYC program or activities:**

- Inappropriate or offensive clothing
- Inappropriate or vulgar language(including insults or yelling)
- Any physical fighting or threatening
- Any sexual activities or innuendos
- Bullying or any form of intimidation through words, gestures or language
- Any photography, audio or video of others without approval from SGF Youth Center.
- Any representation of the SGF Youth Center without prior approval.
- Stealing or behavior that results in the destruction of property or supplies.
- To carry, transport or hide any type of weapons or items that could be used as a weapons
- Use of alcohol or other drugs while on SGF Youth Center property, or activities on or off site.
- Any other type of behavior that could be seen as inappropriate, threatening or offensive.
- Loitering outside or on SGF Youth Center not allowed.
- The SGF Youth Center encourages members to inform staff of any violation of the Code of Conduct.

The interpretation and enforcement of the code of conduct is at the discretion of the SGF Youth Center staff and volunteers. Any violation of the Code of Conduct can result in suspension or termination of membership.

Member signature: \_\_\_\_\_

Parent(s) signature: \_\_\_\_\_

Date: \_\_\_\_\_