

CAPITAL DISTRICT YMCA
The Black and Latino Achievers Program
2018- 2019 Registration Form

BRANCH INFORMATION: Please select one program site you would like to enroll your child

<input type="checkbox"/> Albany YMCA <input type="checkbox"/> Bethlehem YMCA <input type="checkbox"/> Glenville YMCA <input type="checkbox"/> Greene County YMCA <input type="checkbox"/> Guilderland YMCA <input type="checkbox"/> Southern Saratoga YMCA	<input type="checkbox"/> Albany YMCA - God Is With Us Center <input type="checkbox"/> Duaneburg YMCA <input type="checkbox"/> Glenville YMCA- Amsterdam <input type="checkbox"/> Greenbush YMCA <input type="checkbox"/> Schenectady YMCA <input type="checkbox"/> Troy YMCA
---	---

YOUTH'S INFORMATION:

Name (First, Last): _____	
Street Address: _____	
City: _____	Zip Code: _____
Date of Birth: (MM/DD/YYYY) _____	Youth's E-mail Address: _____
Student's Age: _____	Cell Phone # With Area Code: (_____) _____
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____ Please indicate: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	Ethnic Background: <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/ Latino American <input type="checkbox"/> European- American <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Multi-Ethnic <input type="checkbox"/> Other _____

Emergency Contact's Name: _____	
First	Last
Street Address: _____ City: _____ Zip Code: _____	
Emergency Contact's Relationship to Youth: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
Emergency Contact's Phone #: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Emergency Contact's Secondary Phone #: (_____) _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

STUDENT'S SECONDARY APPROVED PICK UP:

First Name: _____ Last Name: _____	
Street Address: _____ City: _____ Zip Code: _____	
Phone Number: _____ <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone	

SCHOOL INFORMATION:

School Currently Attending: _____	Current GPA: _____
Guidance Counselor's Name: _____	
First	Last
Guidance Counselor's Phone Number: (_____) _____	

PARENTAL/ GUARDIAN PERMISSION:

Parent(s)/ Guardian(s) please sign below:

I hereby give permission to The Capital District YMCA Achievers Program to receive my student’s report grades from all participants’ school districts and give my student permission to participate in all activities involved in The Achievers Program. These activities include participation in weekly meetings, monthly Team Summits, World of Work Tours, College and Vocational Visits/Tours, and Team Nights and will include permission to ride all bus transportation to and from our events.

I hereby also give permission and consent, to the Capital District YMCA, the National Council of Young Men’s Christian Associations of the United States of America (YMCA of USA) and third parties collaborating with the Capital District YMCA and/ or YMCA of the USA, to make produce, edit broadcast or rebroadcast any video film footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I agree that my consent and this release are irrevocable. I hereby release and discharge CAPITAL DISTRICT YMCA, Capital District Association and third parties collaborating with CAPITAL DISTRICT YMCA and/or YMCA of the USA from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience CAPITAL DISTRICT YMCA as described herein.

Parent(s)/ Guardian(s) Name: (Please Print or Type)	
First	Last
Parent(s)/ Guardian(s) Signature: (Hard Signature or Type)	

Program Registration Fee:

Please include your student’s program registration fee upon submission of this registration form to your respective YMCA branch. This fee helps to support the operational costs of our program and to provide your youth or teen participant with a YMCA Youth membership after the successful attendance of 4 weekly sessions and 1 Team Summit. **Students who register prior to April 29th, will be able to sign up for the program for ONLY \$20.00 for early bird registration until April 29th. After this date, the fee will increase to \$30.00.** Payments can be made in cash, check or credit card.

The Capital District YMCA is a nonprofit, community-based, health service organization that is committed to strengthening the foundations of our community. Our programs and services are available to everyone, regardless of age, background, ability or income. If a family is not able to complete the registration payment, they are welcome to submit the necessary scholarship paperwork to be considered for any financial assistance in a timely manner. Please note that scholarships are available based upon a branch’s scholarship funds available. Please contact your local YMCA for more details.

STAFF USE ONLY

Date Daxko Profile Completed: _____ Date Student Registered in the Program: _____

Reviewed & Entered In by: _____

Receipt #: _____ Amount Paid: _____ Date: _____