



YMCA of Greater Boston

GET SUMMER TEEN MEMBERSHIP APPLICATION

13 years old – 19 years old (currently enrolled in High School)

(Completed Applications MUST be submitted to your local YMCA Membership Department for processing)

Today's Date ___/___/___

Teen's YMCA Branch: _____

TEEN'S INFORMATION:

Teen's Name: _____ Date of Birth: ___/___/___ Age: _____

Female: ___ Male: ___ Non-Binary: ___ Teen's Phone#: _____

Home Address: _____
Street Address City State Zip Code

Teen's E-mail: _____

SCHOOL INFORMATION:

Current School Name: _____ Rising Grade (Fall 2020): _____

FAMILY INFORMATION:

Parent/Guardian's Name: _____ Parent/Guardian's Date of Birth: ___/___/___

Home Address: _____
(if different from above) Street Address City State Zip Code

Phone #: _____ Email: _____ Relation to Teen: _____

Other Parent/Guardian Name: _____ Parent/Guardian's Date of Birth: ___/___/___

Phone #: _____ Email: _____ Relation to Teen: _____

EMERGENCY CONTACTS (other than parent/guardian):

Name: _____ Phone #: _____ Relationship: _____

Address: _____
Street Address City State Zip Code

MEDICAL HISTORY:

Does your child/teen have a medical condition or recent injury/surgery? Yes: ___ No: ___
If yes, please explain why

Is your child/teen currently taking any medications? Yes: ___ No: ___
If yes, please explain why

Does your child/teen have any allergies? Yes: ___ No: ___
If yes, please explain



YMCA of Greater Boston

Assumption of Risk and Registration Form For Persons under the Age of Eighteen

I am aware in signing this document for my teen/child's participation in YMCA of Greater Boston Programs, virtual programs via ZOOM/Microsoft Teams, 3rd Party Lead Programs and Membership, which may include but not limited to ropes challenges course, rock-climbing, and hiking; that certain elements of the program can be physically, and emotionally demanding. I understand that although the professional staff will make every reasonable effort to minimize exposure to known risks, not all dangers and hazards can be foreseen (i.e., cuts, scrapes, bruises, fractures, debilitating injuries, fatalities, etc.). Furthermore, I am aware that certain risks and dangers exist in these activities that are beyond the control of the organization and its staff. I understand that staff of the YMCA of Greater Boston has the right to deny participation and that it is my teen/child's responsibility as a participant to follow the safety standards, procedures, and guidelines established by the staff/instructor. If my teen/child does not understand specific instructions from the staff at any time I realize it is her/his responsibility to ask for clarity and/or assistance.

In signing this document, I authorize the leader of these activities to secure such medical advice and services as deemed necessary for my teen/child's health and safety and agree to accept financial responsibility:

- Where my teen/child's health and well-being is involved.
- Where medical advice has been such that further service is required.
- Where all reasonable attempts to contact the family and emergency contact have failed or where the nature of the emergency does not allow time to make contacts.
- Where the benefits of my teen/child's insurance plan have been exhausted and additional loss of income and/or medical expenses are incurred.

In signing this document, I acknowledge the health risks and dangers associated with the COVID-19 virus and recognize that exposure could occur while utilizing my membership or participating in programs at the YMCA.

I, and my teen/child, understand and assume all dangers and risks associated with the YGB membership and waive all claims against all members of the YMCA of Greater Boston, their staff and assigns, officers, shareholders, employee, volunteers, agents and their heirs, executors and assigns, for any incident that should occur due to my teen/child's voluntary participation in this experience. Furthermore, I give my consent to the instructors or other medical personnel to treat my teen/child in a medical situation. My signature on the document is also intended to bind my successors, heirs, representatives, administrator and assigns.

Are you 18 years old or older? Yes ____ No ____

Teen, please sign below:

Teen Signature

Date

Parent/Guardian, please sign below*:

Parent/Guardian Signature*

Date

****Parent/Guardian Signature required for teens under 18 years old****



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Boston

Promotional Release

I hereby grant consent and authorize the use of photographs, slides, video, film of my child participating YMCA activities for commercial and art purposes in any medium of advertising, communications, publication or publicity that will promote YMCA programs and services, and or recognition of participants. It is my understanding that the YMCA is a nonprofit organization.
YES _____ NO _____

Participant Agreement

The YMCA of Greater Boston Teen Department offers a safe environment for teens throughout but not limited to the Greater Boston area to work, learn and have fun. In order to gain participant status, all youth must agree to the following:

1. Completion of the application process and program orientation before participating in Y programs.
2. Completion of the teen code of conduct.
3. Keep the YMCA weapon, alcohol and drug free.
4. Follow CDC's COVID-19 safety guidelines if not vaccinated.
5. To complete the daily COVID-19 safety self certification and scan/sign in when entering the YMCA.

Any participants caught in violation of their membership agreement will be asked to leave the premises. Chronic offenders will have their participant privileges revoked for a period not to exceed one year. Those who had their privileges revoked due to a violation of membership agreement will not be refunded any membership dues or program fees, nor are they transferable.

Parent Consent for Participant under 18 to Complete COVID-19 Safety Self Certification (Questions Listed below):

1. Have not tested positive for COVID-19 in the past 10 days
2. Have not had close contact with a person with COVID-19 in the past 10 days
3. Do not have COVID-19 symptoms or any signs of illness
4. Will follow the CDC's COVID-19 safety guidelines if you are not vaccinated:
 - Wear a mask indoors
 - Maintain 6 feet of physical distance indoors

I understand and authorize my teen to complete the daily self certification prior to or at arrival to the YMCA.

Parent Initials _____

Upon entry of the facility or program space, you acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur at the YMCA facility or program space. Parent Initials _____

I have read all the above Promotional Release and Participation Agreement and abide by its terms.

Teen Signature

Date

Parent/Guardian Signature*

Date

**Parent/Guardian signature required for teens under 18.*

I parent/guardian, opt out of my teen submitting their prescreening questionnaire, I understand I, parent/guardian will submit prescreening on behalf of teen. If prescreening is not complete teen will not be allowed to enter facility.

Parent/Guardian Signature*

Date

**Parent/Guardian signature required for teens under 18.*



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
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Teen Code of Conduct

Every Teen using the YMCA of Greater Boston facilities must sign this teen code of conduct. It is expected that as our guest that you will follow all the rules and regulations set below. Please be aware that staff has the right to deny you entry if you are acting at all suspicious. Staff also has the right to ask you to leave at any time if there are any violations of any rules set below.

Teen Name (Print): _____ Date of Birth: ____/____/____ Age: _____

Parents'/Guardians' Name: _____

Please initial each number in the code of conduct.

1. The YMCA of Greater Boston is a DRUG, WEAPON and ALCOHOL FREE area, any violation of this policy will result in the calling of local authorities and being banned indefinitely from the facility. _____
2. Foul language will not be tolerated. Swearing and other offensive words are not allowed. _____
3. Hazing, bullying (including cyber bullying), harassment, intimidation, name-calling, sexual innuendos, and verbal and physical aggression are prohibited. YMCA staff will have final say on what is considered offensive or a bullying. _____
4. Inappropriate physical contact will not be tolerated. This includes pushing, punching, kicking, slapping, hitting or anything else considered unsuitable for the Teen Center atmosphere. YMCA staff have final say on what is inappropriate. _____
5. Adult locker rooms are OFF LIMITS, you may use designated bathrooms to change into gym clothes. _____
6. Any equipment used in an inappropriate fashion will result in dismissal. YMCA staff will have final ruling on what is unacceptable. _____
7. Upon arriving at our facilities you must sign in by printing your name, arrival time, date and signature. In regards to planned events, once you leave the facility you will not be allowed to return that day. _____
8. Teens will clean up after themselves, disposing of trash and leaving areas as they were found. _____
9. Should a teen be dismissed from any our Ys, he/she must vacate the building/surrounding property and will have his/her membership terminated. _____
10. Each branch will establish its own policy regarding the use of backpacks and gym bags. The Y reserves the right to inspect any bag a teen brings into a branch or on our property. _____

I, _____, understand I am a guest of the YMCA of Greater Boston and its branches, and
(Print teen's name)

shall abide by its rules at all times, anywhere on YMCA property, or anywhere offsite while participating in a YMCA activity or event. I understand the YMCA celebrates its four core values (caring, honesty, respect and responsibility) and I am expected to reflect these characteristics at all times. I agree to be respectful staff, members, equipment and facilities, and will comply with these rules at all times. I certify all information on this document is correct.

Please note teens participating in virtual programs will receive a Virtual Teen Code of conduct

Should you break this contract, your membership will be suspended or terminated. Please read carefully before signing.

Are you 18 years old or older? Yes _____ No _____

Teen Signature

Date

Parent/Guardian Signature*

Date

****Parent signature required for teens under the age of 18.***