



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Boston

GET SUMMER 2024 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 2023): _____

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

PROGRAM OFFERINGS:

How did you hear about the YMCA of Greater Boston Teen Programs?

___ Brochure ___ School ___ Website
___ Facebook ___ Twitter ___ OTHER: _____

What type of Social Media do you use?

___ Facebook ___ TikTok ___ Twitter
___ Snapchat ___ Instagram ___ OTHER: _____

What types of programs are you interested in? Please check all that applies:

___ Art ___ Music ___ Health & Fitness ___ Leadership Opportunities
___ Gaming ___ Sports ___ Government ___ Career Exploration
___ College Tours ___ STEM ___ Academic Support ___ OTHER: _____

Are you currently a part of a Signature Program (Achievers, Leaders Club, or Youth & Government)?:

___ Yes ___ No

Did you know you could receive a FREE YMCA membership when you joined a Signature Program?

___ Yes ___ No

Which Signature Program are you interested in joining or learning more about?

___ Achievers ___ Youth & Government
___ Leaders Club ___ Need to learn more about programs



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****

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 vaccinated and unvaccinated.

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.

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.***



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Teen Code of Conduct

The YMCA of Greater Boston is a welcoming, judgement-free environment that emphasizes positive peer relationships, provides hands-on learning experiences, and fosters growth through the YMCA's Core Values of Caring, Honesty, Respect, and Responsibilities. To this aim, our YMCA has the following code of conduct and expectations for all members.

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

Parents'/Guardians' Name: _____

Please initial each agreement in the code of conduct.

1. The YMCA of Greater Boston is a drug, weapon and alcohol free space. I will refrain from bringing or using drugs, weapons, and/or alcohol to all YMCA branches and YMCA off-site facilities. _____
2. The YMCA of Greater Boston is a family friendly space. I will use appropriate language and refrain from using swears, offensive, and derogatory words or phrases towards other individuals. _____
3. I will refrain from hazing, bullying (including cyber bullying), harassment, intimidation, name-calling, sexual innuendos, and verbal and physical aggression to other individuals. _____
4. I will refrain from putting my hands on another individual. _____
5. I will use designated locker rooms (18 years old & under), family locker rooms or gender-neutral bathrooms. I understand adult locker rooms are for 18+ years old. _____
6. I will use any fitness equipment or program equipment appropriately and correctly. _____
7. I respect all building spaces by cleaning up after myself or wiping down equipment after use. _____
8. I will lock my belongings in designated spaces like the locker room. The YMCA of Greater Boston is not responsible for lost or stolen items. _____
9. I will not share my membership scan cards with other individuals. I understand it could lead to temporary suspension or termination. _____

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 temporarily suspended or terminated. Please read carefully before signing.

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

Signature Teen

Date

Guardian Signature*

Date

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