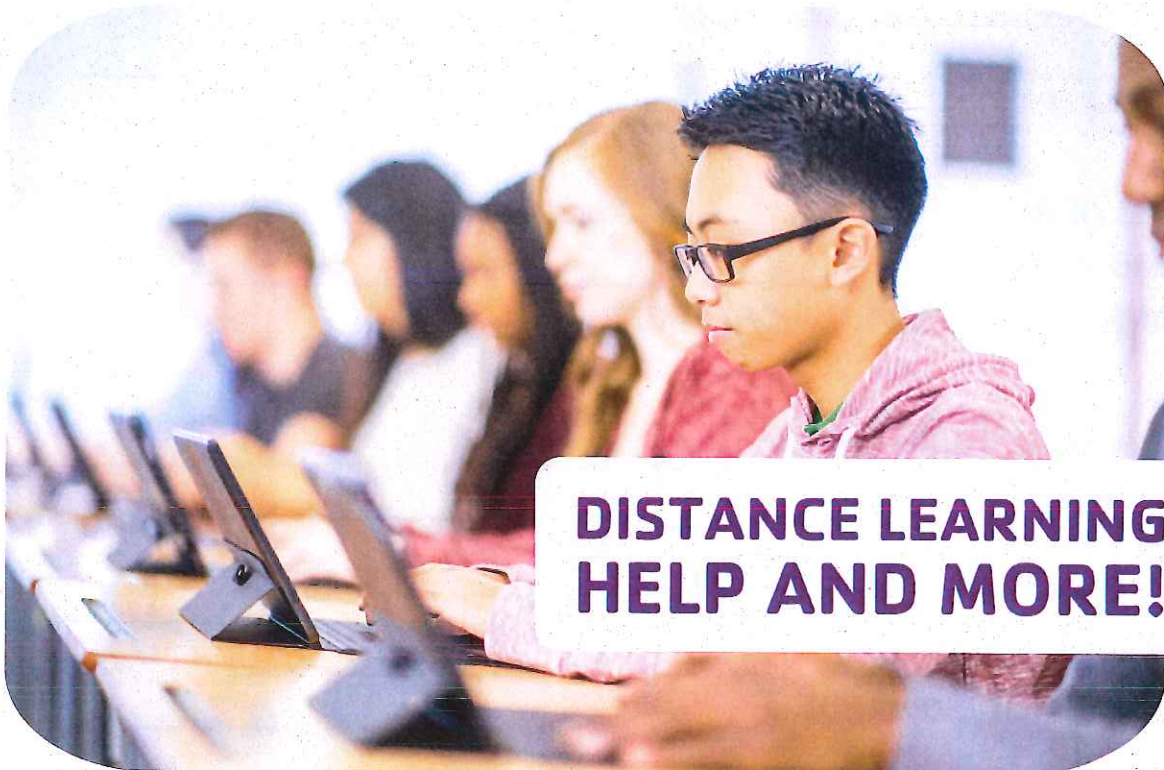




FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hilltop Y Teen Program: 2020-2021 Registration Form



**DISTANCE LEARNING
HELP AND MORE!**

Located at 2879 Valleyview Dr. Columbus, OH 43204

Monday through Friday
Pick One Session Daily:

9:00a-12p OR 1:00p-4:00p

FREE for all youth entering 6th-12th grade
YMCA Membership is not required

For more information, contact Latoyia Mosley lmosley@ymcacolumbus.org
614.276.8224 x5011



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA Hilltop Teen Information Form

Teen's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Date of Birth: _____ Age: _____

School entering: _____

Grade (2020-2021 school year): _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Place of Employment _____

Work # _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell Phone #: _____

Email: _____

Place of Employment _____

Work # _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Emergency Contact

(if the guardian cannot be reached, who can the YMCA contact in regards to your child)

Name: _____

Relationship: _____

Phone #: _____ Alternative Number: _____

Name: _____

Relationship: _____

Phone #: _____ Alternative Number: _____

Departure Policy:

If a teen signs out of programming for the day they **cannot** return to programming that day.

Please select one of the options below:

My child can sign themselves out of program before 12pm/4:00pm (circle one)

I, _____, parent/guardian of _____ give permission for my child to sign themselves out of the YMCA Summer Teen Program. I understand by signing this that once my child leaves the YMCA premises the YMCA is no longer responsible for my child.

Parent's Signature: _____

Date: _____

OR

My child can NOT sign themselves out of program before 12pm/4:00pm (circle one)

I do not give my child permission to sign out of the YMCA Summer Teen program or leave the premises without my written consent prior to the end of the programming day.

Parent's Signature: _____

Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Central Ohio- Teen Field Trip Permission Form

Participant's Name: _____ Birth Date: _____

I, _____, parent/guardian of _____

(Parent/Guardian's Name)

(Child's Name)

give the YMCA of Central Ohio permission to transport my child.

I agree to hold harmless the YMCA, its agents and employees for all incidents alleging bodily injury or property damage or loss occurring while the person herein described is a participant in a YMCA sponsored activity on or off the YMCA premises. I will not hold harmless the YMCA from any liability arising out of negligence of the YMCA. I also give the YMCA permission to transport my child to emergency services if necessary.

Child's Allergies: _____

Medical Conditions: _____

Medications: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*PHOTO RELEASE *

Please check the appropriate line in regards to YMCA staff ability to photograph, make slides of, or video of your child for YMCA promotional purposes (ads, brochures, newspapers, recruitment videos) or for on-site activity purposes).

_____ I DO give the YMCA staff permission to take my child's picture for promotional purposes or on-site activities.

_____ I DO NOT give the YMCA staff permission to take my child's picture for promotional purposes or on-site activities.

Parent/Guardian: _____ Date: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA Hilltop Branch Teen Program Code of Conduct

1. When you arrive at the YMCA, you must sign-in check in with program staff. An information form and signed code of conduct must be on file in order for you to attend. Once you have signed in, you may not sign out until either your ride has arrived, or you are leaving the building to go home.
2. The Drop-in Teen program has two session times: 9:00a-12:00p and 1:00p-4:00p. All program participants are expected to sign out, and to have arrangements for transportation at or before each session end time. If this is a problem, please speak with the staff.
3. While you are on YMCA property, you will act respectfully toward the other program participants as well as all YMCA staff and members.
4. You are responsible for your own belongings and personal property while at the YMCA. You will also show respect to others' belongings and personal property, as well as the YMCA's property and grounds. The YMCA is not responsible for lost or stolen property; it is recommended you do not bring valuables into the facility, or place them in a locker when you are here. All property brought into the YMCA is subject to being searched by YMCA staff to ensure the safety of all participants.
5. Inappropriate behavior will not be tolerated and may result in immediate suspension. This includes, but is not limited to, use of tobacco, consumption of alcohol, drug use, fighting, verbal put-downs, threats, public affection, obscenities or obscene gestures.
6. A program staff member must know where you are at all times. It is your responsibility to let them know your whereabouts. If you are not with the rest of the program, you must take a pass.
7. You are permitted to use the vending machines. Please do not abuse this privilege as it can be revoked by any staff at their discretion.
8. The phone is available for you to call home or a guardian only (no social calls!).
9. If you are suspected to be under the influence of alcohol or other substances, you will be asked to leave the property.
10. You are expected to exhibit the YMCA core values of caring, honesty, respect, and responsibility at all times.

Teen's Signature _____
Date _____

Parent's Signature _____
Date _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Teen Programs Character Development Agreement

I will respect authority.

I will not prejudge others negatively. I will get to know who they are and not judge them based upon anything external.

I will be respectful during conversations and be an active listener.

I will ask others what they think, and demonstrate respect for the opinions of others even if I do not agree with them.

I will recognize that I am not always right.

I will compromise when needed.

I will be considerate of other people's ideas and feelings.

I will function with the understanding this is a shared environment.

I am willing to solve problems peacefully and fairly.

I will work on consistency in my own character, which will give me less opportunity to point fingers at another/others.

I will strive to be a person of integrity, meaning, I will do what I say I will do.

I will ask for help when I need it. Asking for help is a sign of strength not weakness.

I recognize that we are a group and that we all have an important role to play.

I will give sincere compliments.

I will acknowledge and celebrate the successes and accomplishments of others.

I will value others.

I will respond to correction by trying to improve.

I will speak truth.

I will be brave.

I will honor the Y's Core values of caring, honesty, respect, and responsibility.

I will maintain the confidentiality of the group and all participants.

Participant's Full Name: _____ Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The following information is for United Way reporting, to ensure
continuance of our program through United Way funding.

Teen's Name: _____ Age: _____

Race: (circle one)

- White or Caucasian
- Black or African American
- American Indian or Alaskan Native
- Asian
- Multiple Races
- Some Other Race (specify: _____)
- Refuse to answer

Ethnicity: (circle one)

- No, not of Hispanic, Latino, or Spanish origin
- Yes, of Hispanic, Latino, or Spanish origin
- Refuse to answer

National Origin: (circle one)

Are you an immigrant/refugee?

- Yes (If yes, country of birth: _____)
- No
- Refuse to answer

Annual Household Income: (circle one)

- Below \$4,999
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-\$39,999
- \$40,000-\$59,999
- \$60,000-\$79,999
- Over \$80,000
- Unknown, but free/reduced
- lunch eligible
- Refuse to answer

Client Household Size:

List the number of individuals living in your household: _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Academic Records Release Form

(Signed by Parent/Guardian and Submitted to Current School)

Applicant Name (First, Middle, Last)

Date of Birth

Gender

Current School Address (Street, City, State Zip)

Current Grade

I authorize _____
(Participant's Current School)

to release all student records for the above applicant in pursuit of admission and continuing participation in YMCA of Central Ohio-Hilltop Branch. This authorization also includes any verbal exchange between the schools/program and the **Hilltop Teen Program** Director and/or Facilitators.

Parent/Guardian Signature

Printed Name

Date

School/Program Administrator: _____

Records requested are the following:

School report cards/progress reports and interim reports

Homework Assignments and Homework Help information and access

Verbal Communication with teachers/administrators regarding academic matters

Thank you in advance for your collaboration,

Latoyia Mosley

Hilltop YMCA, Youth Development Experience Leader

E: Imosley@ymcacolumbus.org

P: 614-276-8224 x5011

2879 Valleyview Dr, Columbus, OH 43204 • ymcacolumbus.org/hilltop



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT RELEASE FOR
Future Ready Columbus *Partnership4Success*

The YMCA of Central Ohio is committed to supporting your child by providing developmental and learning experiences that will help him or her be more successful. Through our collaboration with Future Ready Columbus' Partnership4Success we ask that you **consider signing this Permission Release to grant us access to your child's Columbus City School record. This will assist the YMCA of Central Ohio-Hilltop Y Teen Program in providing additional support for your child in our program.**

I hereby grant permission for the YMCA of Central Ohio-Hilltop Y Teen Program to share my child's program information (name, date of birth, student ID) with (the Columbus City School District). I understand that information will only be shared about my child if it is relevant to my child's education.

The YMCA of Central Ohio-Hilltop Y Teen Program may also request access to my child's academic, attendance and behavior records for the current, prior, and future school years at (Columbus City School District) so that they can provide better services to my child and understand the impact of this program. I understand that this information will be kept confidential. I understand I am able to revoke the consent at any time in writing.

I understand that this information will be kept confidential and used only for improvement measures by the program. I understand that all personal information will be kept confidential.

Child's Legal Name: _____ Child's Date of Birth _____

First _____

Middle _____

Last _____

Legal Name of Parent or Guardian (Please Print)

Legal Name of Parent Signature

Date

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of the named minor's participation in YMCA of Central Ohio Programs, now or any time in the future.

Acknowledgment of Risk

I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in YMCA of Central Ohio ("YMCA") activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19 or other as yet unknown viruses or diseases.** The YMCA does not make any warranties regarding the risk or likelihood of contracting COVID-19 or other current or as yet unknown viruses or diseases.

Initial

I specifically warrant that I am aware of the current CDC recommendations relating to COVID-19 and will review the YMCA's posted Health Screening Questionnaire upon entry to a YMCA facility. I further warrant that I will only permit the minor participant to enter the YMCA Facility if I can respond to each question on the Health Screening Questionnaire regarding the minor participant's travel, exposure to COVID-19, and symptoms with an answer of "No." I further warrant that the minor participant's entry, observation, use and participation in any events at the YMCA facilities are voluntary and I take full responsibility for the minor participant's use of the YMCA facilities and agree to follow all safety precautions and require the minor participant to follow all safety precautions.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of _____'s participation in the YMCA of Central Ohio, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA of Central Ohio, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

In consideration of the named minor's participation in the YMCA of Central Ohio operations, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's YMCA participation.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in YMCA participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, or death, the named minor sustains while participating in YMCA and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in the YMCA.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this _____ day of _____, in the year _____.

Participant Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the option and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution:

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

To be completed by Child Care Center/Provider prior to distribution of form

Name of Child Care Center/Provider:

This child care center/provider will provide the following non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute: (list substitute(s))

This child care center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

To be completed by Parent/Guardian

Child's Full Name:

Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage as a milk substitute):

I request that my child is served the non-dairy beverage which meets the USDA approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.

I am aware that the center is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA approved nutrient standards for a milk substitute as stated above.

I will provide a non-dairy beverage for my child that does not meet the USDA approved nutrient standards for the substitution of fluid milk. I understand that the center cannot claim meals that require milk unless I get written statement from a recognized medical authority.

Signature of Parent/Guardian:

Date:

NON-DISCRIMINATION STATEMENT:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk	Milk	Milk
Fruit or Vegetable	Meat/meat alternate	Meat/meat alternate
Grain	Grain	Grain
Meat/meat alternate (may be substituted for the grain up to 3 times per week)	Vegetable (two different vegetables can be substituted for a fruit)	Vegetable
	Fruit	Fruit

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed private homes.
- **After School Care Programs:** Centers in low-income areas provide free snack and/or meal to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

If you have questions about CACFP, please contact one of the following:

Information

Sponsoring Organization/Center

Ohio Department of Education

YMCA of Central Ohio
1907 Leonard Avenue
Columbus, OH 43219

CACFP Program Specialist
25 S. Front Street, MS 303
Columbus, OH 43215-4183
Phone: 614-466-2945
Toll Free: 1-800-808-6235

Nondiscrimination

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.



United States Department of Agriculture

AND JUSTICE FOR ALL



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(202) 690-7442 or (202) 690-7442;

email:

program.intake@usda.gov.

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o

fax:

(202) 690-7442; o

correo electrónico:

program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

