



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TODAY'S YOUTH TOMORROW'S FUTURE

## Teen Leaders Summer Program

MEETS 10 AM // 7th—9th GRADE  
TUESDAYS | WEDNESDAYS | THURSDAYS

Daily Lunch is included  
Meet at Madison Elementary School

### Community Project Locations

- Camp Manitou
- Painting a mural
- YMCA Childcare
- City of Manitowoc
- Spirit of the River

### Learning Adventures

- Paddelboarding
- Strawberry Picking and jam Making
- Fishing
- Overnight Camp Adventure July 23rd-27th
- Fun with food

**\$5**  
per week



Southside pick up (9:45am) and drop off (3:15pm): Washington Jr. High

[www.mtrymca.org](http://www.mtrymca.org) • FOR MORE INFORMATION OR TO GET INVOLVED: BARB SCHMIDT - bschmidt@mtrymca.org or 920.482.1566

Educating teens about the value of volunteerism and servant leadership through hands-on learning and enrichment opportunities across Manitowoc County. Teens will be exposed to a diverse group of organizations in the community and learn the core values of the Y as they work together to make an impact on their community.

SUPPORTED BY  
**THE YMCA**  
**ANNUAL CAMPAIGN**  
For a better us.™

SPONSORED BY:



United Way  
Manitowoc County, Inc.

# TEEN LEADERS SUMMER PROGRAM REGISTRATION

Registrations are taken on a first-come, first served basis. One child per registration form please. Form may be photocopied. You will receive an e-mail confirmation when your child has been entered in our system.

## CHILD INFORMATION

Child's Name: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade in fall \_\_\_\_\_ T-Shirt Size: Youth L Adult S Adult M Adult L

Child Email (provide if you would like child to get weekly communication) \_\_\_\_\_

Parent/Guardian Name 1: \_\_\_\_\_ Gender: M / F Birth Date of Parent: \_\_\_/\_\_\_/\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_ Gender: M / F Birth Date of Parent: \_\_\_/\_\_\_/\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION / OTHERS AUTHORIZED TO PICK CHILD UP (other than parent)

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place/ Address where they can be reached when child is at program

2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Place/ Address where they can be reached when child is at program

## CHILD'S SCHEDULE (Please indicate your child's schedule) CHILD'S NAME: \_\_\_\_\_

\*\*Does your child need to be bused from Washington Junior High? Morning 9:45am \_\_\_\_\_ Afternoon 3:15pm \_\_\_\_\_

WEEK	DATES	Attending
1	June 12 -14	
2	June 19-21	
3	June 26-28	
4	July 10-12	
5	July 17-19	
6	July 23-27	Waypost Overnight

**\$5 per week  
per child**

\$ \_\_\_\_\_ TOTAL FOR WEEKS

Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to the Y Staff. (ALL lines MUST be filled out. If something does not apply, please use N/A.)

**1. Has your child had any of the following, if so please explain and fill out additional sheet:**

- Asthma     Diabetes     Epilepsy/Seizures     ADD/ADHD     Autism     Cerebral Palsy/Motor Disorder  
 Cognitively or Learning Disabled     Emotional/Behavioral Disability    **NONE OF THESE**

Please describe any of the above diagnoses. \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Food/Milk Allergies: \_\_\_\_\_

Non-food Allergies: \_\_\_\_\_

Does your child have an EPI Pen: \_\_\_\_\_ Do they know how to use it/will staff be trained in use by parent? \_\_\_\_\_

Does your child have an inhaler? \_\_\_\_\_ Do they know how to use it/will staff be trained in use by parent? \_\_\_\_\_

Other Conditions requiring special care: \_\_\_\_\_

**2. Triggers that may cause any of the above problems (specify):**

\_\_\_\_\_

**3. Signs or symptoms to watch for:**

\_\_\_\_\_

**4. Additional information that may be helpful for us:**

\_\_\_\_\_

**5. Is your child currently taking any medications? YES NO**

If YES, what kind and why? \_\_\_\_\_

\_\_\_\_\_

\*If medication needs to be administered by staff during our program, a Medication Permission Form MUST be completed.

**6. Emergency Numbers**

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

Location Address: \_\_\_\_\_

**7. If you would like your child to walk home or be dropped off at the Y please indicate.** \_\_\_\_\_



## **HOLD HARMLESS WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION OF THE CITY OF MANITOWOC**

In consideration for being granted permission to participate in the storm drain stenciling project with the City of Manitowoc, I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in the activity, to which I, or my child, will be exposed during participation in the project, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding participation in this event, and further, I do for myself, my child, heirs, and personal representative(s) hereby agree to defend, hold harmless, indemnify, release and forever discharge the City of Manitowoc, its affiliates, officers, officials, departments, committees, employees, agents, representatives, successors, assigns and volunteers from and against any and all claims, demands, actions or causes of actions of any sort on account of participation, including but not limited to damage to personal property, personal injury, or death which may result from my participation. I further understand that any costs incurred for medical treatment or illness or injury resulting from participation in this program shall be my sole responsibility.

I, the undersigned, for myself and my child, agree and intent that this Release, Waiver of Liability, Assumption of Risk and Indemnification Agreement extends to all acts or otherwise and is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin in which the activities are being conducted and that if any portion thereof is held to be invalid, it is agreed that the balance, notwithstanding, shall continue in full legal force and effect.

**I HAVE READ THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT, AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTEND BY MY SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name (if minor list Age)

**YOU MUST SIGN THE LIABILITY WAIVER TO PARTICIPATE.**

CURRENT YOUTH OR FAMILY MEMBERSHIP:  YES  NO

## PARENT/GUARDIAN AUTHORIZATION

I approve this application and certify that the applicant is capable of such an experience. I understand fees are non-refundable, and is required with this application. No refund will be given unless Summer Teen Leaders is cancelled by the YMCA or a doctor's authorized medical reason has been given. I understand that no refunds will be given if the child leaves early due to disruptive behavior as determined by the Director. Your child's spot is not confirmed until the fee is paid in full.

By signing this form, I certify approval of good health of the child, and, in the event that I cannot be reached in an emergency, authorize the YMCA staff/volunteers to render first aid; give permission to the physician selected by the Manitowoc/Two Rivers YMCA to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Prudent attempts will be made to contact the parent/guardian immediately. I understand that in signing this form, I agree to release the Manitowoc/Two Rivers YMCA from any liability for the risk of illness, accidents or injury.

I give permission for YMCA staff/volunteers to give youth the ability to apply sun screen and bug spray (if needed) prior to going outside.

I grant permission for the applicant to participate in all planned summer activities, including trips by walking, bus, bike or water craft. If pets are added to the program, parents will be notified prior to the pet's addition to the program.

The Manitowoc/Two Rivers YMCA is not responsible for lost, stolen or damaged personal articles. Permission is also given to use any video or photographs that my child may be in for future YMCA promotions and social media. I agree to waive any claims against the YMCA and its members and volunteers to injuries or damages that may result for the conduct of other persons, including participants in the YMCA programs.

I also understand the Manitowoc/Two Rivers YMCA reserves the right to withdraw a child from the program if, at the YMCA's discretion, the enrollment of the child negatively affects the integrity of the program and/or the YMCA's legal obligations through and under the Division of Children and Family Services (HFS-55).

I understand that the main source of communication will be through email. If an email is not provided, it is the parents responsibility to be informed about upcoming events occurring during the program. If the parent would like the teen to be provided with the emails parent must provide that email.

Child will participate in all activities throughout the hours of the program. There may be projects and learning opportunities that do not interest the participant, however they will still be required to participate. This program will encourage learning new challenges, ideas and values to make a healthy society. Keep an open mind in all activities.

I give the Manitowoc/Two Rivers YMCA my consent to have (Child's Name) \_\_\_\_\_ participate in the observation or testing if done, parents will be notified.

I have read and understand each item.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childs signature \_\_\_\_\_ Date: \_\_\_\_\_