



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

ADVENTURE CLUB APPLICATION

Dear Parents and Prospective Members of YMCA Adventure Club,

We would like to take this opportunity to tell you a little about the YMCA Adventure Club and to ask for your assistance and support. **Please take some time with your teen to read through the attached Teen Adventure Club Application and information.** It is important that you help to provide complete and accurate information on this form. Parents are also required to sign in several locations on the application and health form.

The Stevens Point Area YMCA Adventure Club is open to any Portage County teen in grades 5-9. As with all YMCA teen programs, YMCA membership is not required.

The Club's purpose is to enhance the lives of teenage youth through participation in adventure excursions. Personal objectives of Club members must be consistent with the total program and the Christian purpose of the YMCA. **Please see the attached sheet for the detailed Purpose & Goals of the Adventure Club.**

Throughout the year the Adventure Club will have the opportunity to plan and participate in many different excursions. To attend these excursions teen members must be in GOOD STANDING by meeting the following guidelines: attend meetings regularly at least once a month or have an excused absence; adhere to the Adventure Club Objectives and Code of Conduct; and have on file with the Teen Director an up-to-date health and release form. **Most of the Clubs' excursions will require Club Members to pay for or contribute to the cost of the excursion, and/or have participated in Club fundraisers. Each Club member's fee for excursions will be based on their individual participation in fundraiser events.**

The YMCA Adventure Club meets bi-weekly on Thursday nights from 6:00- 7:30 p.m. additional after school times will be arranged for activities and field trips. During meetings we welcome new members; discuss, plan and organize any upcoming events and fundraisers; and we may participate in short excursions or teambuilding activities.

We encourage parents to regularly discuss meeting agendas and upcoming events with their teen. We also encourage you to maintain contact with us. If you have any questions please feel free to contact Kyle at 715-342-2980 ext. 326 or by email at kbeach@spymca.org.

Sincerely,

Kyle Beach
Youth Recreation and Teen Director

STEVENS POINT AREA YMCA
1000 Division Street, Stevens Point WI 54481
715 342 2980 www.spymca.org



Stevens Point Area YMCA **ADVENTURE CLUB - APPLICATION**

Fully complete the following application & health form materials and return to:
Stevens Point Area YMCA, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2980 ext. 326

Date of Application: _____

Participant Name _____ Birth Date _____ Age _____ M or F

Street Address _____

City _____ Township _____ State _____ Zip _____

Home Phone _____ Email _____

School _____ Grade _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace & Ph. # _____ Workplace & Ph. # _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Email _____ Email _____

Please Indicate any Custody Issues _____

Application Questions:

Why do you want to be in the Adventure Club?

Have you ever been on an overnight camping trip? YES NO

What kinds of camping/tripping or leadership experiences have you had?

What is one thing you really like about yourself, and one thing you would like to improve about yourself?

What kind of activities/excursions would you like the Club to do?

OVER

The following information is necessary for our records and the funding our organization receives. The answers you provide are completely confidential and anonymous. Your cooperation in providing this information is both appreciated and necessary.

Participant Ethnicity: (Circle One)

Caucasian (White) Hispanic Native American African American Multi-Racial Asian-Hmong Middle Eastern Pacific Islander Other: _____

Participants Family Annual Household Income: (Circle One)

\$0.00 - \$11,999 \$12,000 - \$14,999 \$15,000 - \$24,999 \$25,000 - 49,999 \$50,000 - 74,999 \$75,000 and over Household Size: ____ # of Siblings ____

Adventure Club – Purpose & Goals

- To plan, organize, fundraise for and participate in a variety of excursions
- To encourage and strengthen positive values like Caring, Honesty, Responsibility and Respect in our everyday lives
- To develop lasting friendships
- To learn and develop new venturing skills
- To develop an appreciation and respect for the environment
- To learn and develop leadership and teamwork skills
- To develop self-confidence
- To appreciate diversity and develop a sense of world-mindedness
- To Have FUN!!!

The Clubs purpose is to enhance the lives of youth through participation in adventure excursions. Personal objectives of Club members must be consistent with the total program and the Christian purpose of the YMCA.

Adventure Club – Code of Conduct

The Stevens Point Area YMCA recognizes the right of all YMCA members and visitors to enjoy participation in our programs and facilities without fear for their personal safety or abuse. The YMCA staff reserves the right to suspend or revoke use privileges of anyone who does not adhere to the below conditions or the YMCA Four Values of Respect, Responsibility, Caring, and Honesty.

ADVENTURE CLUB MEMBERS WILL:

- RESPECT themselves, fellow teens, staff, volunteers, property, and the environment
- Be RESPONSIBLE for themselves, their property and the YMCA
- Be HONEST
- CARE about themselves, others, the Club and the YMCA
- Use appropriate language and behavior
- Be free from use and possession, nor be present during the use by others: of alcohol, tobacco products, drugs, weapons and any items which are considered inappropriate or contribute to vandalism/graffiti
- Abstain from intimate displays of affection or sexual activity
- Maintain a positive attitude
- Be committed to having safe FUN and give 100% to the group/team effort
- Provide encouragement to individuals and the group
- Speak for themselves...not for anybody else
- Listen to and Communicate with Club members and staff
- Follow directions of YMCA staff and volunteers, and act in a safe and responsible manner

Adventure Club – Participation System

Throughout the year the Adventure Club will have the opportunity to participate in many different excursions. To attend these excursions teen members must be in GOOD STANDING by meeting the following guidelines:

To Be in Good Standing Adventure Club Members must:

- Attend meetings regularly at least once a month or have an excused absence
- Adhere to the Adventure Club Objectives and Code of Conduct
- Have on file with the Teen Director an up-to-date health and release form.

Most of the Clubs' excursions will require Club Members to pay for or contribute to the cost of the excursion, and/or have participated in Club fundraisers. Each Club member's fee for excursions will be based on their individual participation in fundraiser events.

I have read, fully understand and agree to adhere to the above the Adventure Club Purpose & Goals, Code of Conduct and Participation System. I also agree to abide by all other Stevens Point Area YMCA polices and guidelines. I understand if I break any of the above Code of Conduct, the YMCA will notify my parents, and send me home immediately. I also understand that my parents will be expected to pick me up, or to pay for my transportation home, and that no fee refunds will be issued.

Signature of Participant _____

Date _____

Signature of Parent/Guardian _____

Date _____



Stevens Point Area YMCA – Youth/Teen Program Health Form

1000 Division Street, Stevens Point, WI 54481 715 342 2980

Participant Name _____ Birth Date _____ Age _____ M or F

Street Address _____
Street City State Zip

Home Phone _____ School _____ Grade _____ Height _____ Weight _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace & Ph. # _____ Workplace & Ph. # _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Email _____ Email _____

Please Indicate any Custody Issues _____

Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up

Emergency Contact Name _____ Emergency Contact Name _____

Relationship to Participant _____ Relationship to Participant _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Participant's Physician _____ Phone _____
Dr. Name/Facility Office Address

Participant's Dentist _____ Phone _____
Dr. Name/Facility Office Address

Insurance Information: Is Participant covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____ Group # _____

Carrier Address & Phone # _____

Name of Insured _____ Relationship to Participant _____

P/G Initials I hereby certify that my child is in good health and capable of safe participation, and can participate in YMCA programs and activities.

P/G Initials I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA its directors, employees, volunteers and agents shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

P/G Initials In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

P/G Initials I give permission for my child's picture to be taken and used along with his/her name in the news or for promotional purposes.

P/G Initials Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

Signature of Parent/Guardian _____ Date _____

OVER

Participant Name _____ Birth Date _____ Age _____ M or F

HEALTH CONDITIONS: (Check any that apply to the participant and explain below, include severity.)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Cerebral Palsy/Motor |
| <input type="checkbox"/> Bed-wetting | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Joint/Bone Problems | <input type="checkbox"/> Picky Eater |
| <input type="checkbox"/> Athlete's Foot | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Head/Neck/Back Injuries | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Warts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Convulsions/Seizures | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Visual Impairment/Glasses... | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Indigestion | <input type="checkbox"/> Hearing Impairment/Aids... | <input type="checkbox"/> Contagious Disease(s)
List: _____ |
| <input type="checkbox"/> Abnormal Menstruation | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Frequent Nose Bleeds | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Does NOT Swim (describe) | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> ADD or ADHD | |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Fainting/Dizziness | <input type="checkbox"/> Cognitive Disability | |
| <input type="checkbox"/> Exercise Induced Difficulties | <input type="checkbox"/> Emotional/Behavior Disorder | <input type="checkbox"/> Chronic Illness/Condition | |

- Participants Swimming Ability Poor Fair Good

Give details including triggers, signs/symptoms, care procedures and when to call parent and/or 911 for any conditions checked above: _____

ALLERGIES: Please list and describe any participant Allergies to medications, food, insects, animals, plants, etc...

Medications: _____
Foods: _____
Insects, Animals, Plants ... _____

RESTRICTIONS or Other things we forgot to ask: List and describe any restrictions or limitations including: Dietary, Health Conditions (physical, behavioral, emotional, mental), Impairments, Other Illnesses, Major Surgeries, Special Needs and indicate if there are any adaptations that could be made: _____

MEDICATIONS:

Medication Name	Dosage (tabs & mg)	Circle Time(s) to be Taken or write "PRN"(only as Needed)	Reason for Taking:
1. _____	_____	9am 1pm 4pm 7pm Bed other: _____	_____
2. _____	_____	9am 1pm 4pm 7pm Bed other: _____	_____
3. _____	_____	9am 1pm 4pm 7pm Bed other: _____	_____
4. _____	_____	9am 1pm 4pm 7pm Bed other: _____	_____
5. _____	_____	9am 1pm 4pm 7pm Bed other: _____	_____

Will the above participant medication need to be taken during this program? Yes No Maybe
***All Medications are required to be in original containers and be clearly labeled.**

____ P/G Initials I hereby give permission to the YMCA Staff to give the participant named on this form the medications (as directed) listed above and on any additional page. I also give permission to the YMCA Staff to give the participant named on this form over-the-counter camp medications (as directed) in the event of minor pain/ailment (i.e. headache, stomach ache, sun protection, insect bites, etc...).

____ P/G Initials I hereby state that the information I have provided is accurate and complete. I understand that it is my responsibility to provide any changes/updates to the YMCA. I further understand that failure to provide accurate, complete, and updated information may jeopardize my child's participation in this program.

Participant's Name - Please Print

Signature of Legal Parent/Guardian

Date