



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

TEEN LEADERS CLUB APPLICATION

Dear Parents and Prospective Members of YMCA Teen Leaders Club,

We would like to take this opportunity to tell you a little about the YMCA Teen Leaders Club and to ask for your assistance and support. **Please take some time with your teen to read through the attached Teen Leaders 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 Teen Leaders Club is open to any Portage County teen in grades 7-12. Support from the United Way enables the YMCA Teen Leaders Club to be a FREE program. As with all YMCA teen programs YMCA membership is not required.

The Clubs purpose is to enhance the lives of teenage youth through volunteer service, service projects, fundraising, leadership training, and recreational activities. Personal objectives of club members must be consistent with the total program and purpose of the YMCA. Club members must indicate a desire to be of service to the YMCA and the community. **Please see the attached sheet for the detailed Purpose & Goals of the Teen Leaders Club.**

Three goals of the Teen Leaders Club are to do community volunteer service and fundraise money so that members can go to state wide rally's, go on special trips/outings and do recreational activities. "Good Standing" Teen Leaders will receive discounted or free fees to participate in such events and activities. Good Standing members also receive a free YMCA youth membership. **Please see the attached sheet for the details of the Service and Good Standing System.** New Club members are required to participate an orientation meeting.

The YMCA Teen Leaders Club meets bi-weekly on Thursday nights in the Teen Center from 7:00- 9:00 p.m. Each meeting lasts about one hour and then we either have a group activity or free time until 9:00 p.m. During meetings we welcome new members, discuss any upcoming events and volunteer opportunities, and discuss many other issues that concern the Club. We also have occasional speakers come to our meetings to discuss or present various topics. Meeting information is also provided to members through a written agenda outline. **It is our hope that parents will take a few minutes to sit down with your teen to discuss and calendar the information on the Teen Leaders Club Agenda.** We do keep attendance at meetings, so if someone misses a meeting an agenda will be mailed to them the following week.

We encourage parents to keep us informed on how your teen is doing, both positively and/or negatively, at home and at school. We like to hear from parents! Please feel free to contact Kyle or Rob at 715-342-2980 ext. 326. Kyle can also be emailed at kbeach@spymca.org . Thank you for your time and support! "Kids are 27% of our population, but 100% of our future!"

Sincerely,

Kyle Beach
Youth Recreation and Teen Director

Rob Simon
Teen Advisor

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



Stevens Point Area YMCA **TEEN LEADERS 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 _____

Membership Questions:

Why do you want to join the Teen Leaders Club?

What skills or abilities make you suitable as a member of the Teen Leaders Club?

What are two qualities a good leader should have, explain?

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

How do you spend your leisure time? What hobbies do you have?

Please respond to the following "I" phrases with one of the following words: ALWAYS, USUALLY, SOMETIMES, NEVER

- | | | |
|-----------------------------------|-------------------------------|-----------------------------|
| Am responsible _____ | Outgoing/Friendly _____ | Like School _____ |
| Get along with family _____ | Like to be the leader _____ | Like changes _____ |
| Am a perfectionist _____ | Worry too much _____ | Am helpful _____ |
| Tend to forget to do things _____ | Make friends easily _____ | Easy going _____ |
| Like to try new things _____ | Give 100% on all tasks _____ | Stay with an activity _____ |
| Like to meet new people _____ | Like to be the follower _____ | Like younger kids _____ |
| Tolerate school _____ | Have fights with family _____ | Get bored _____ |
| Am on time for things _____ | Am hardly serious _____ | Join groups _____ |
| Shy around new people _____ | Like to go new places _____ | Like to be busy _____ |

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)

\$.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 _____

Teen Leaders Club – Purpose & Goals

- To encourage and strengthen positive values like Caring, Honesty, Responsibility and Respect in our everyday lives
- To develop lasting friendships
- To learn and develop leadership skills for the future
- To provide volunteer services to the YMCA and community
- To fundraise for and participate in recreational activities
- To develop and maintain a healthy mind, body and spirit
- To encourage a healthy lifestyle, learning and good grades
- To appreciate diversity and develop a sense of world-mindedness
- To Have FUN!!!

The Clubs purpose is to enhance the lives of teenage youth through volunteer service, service projects, fundraising, leadership training, and recreational activities. Personal objectives of club members must be consistent with the total program and the purpose of the YMCA. Club members must indicate a desire to be of service to the YMCA and the community.

Teen Leaders 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. TEEN LEADERS WILL:

- RESPECT themselves, fellow teens, staff, volunteers, and property
- 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

Teen Leaders Club - Service & Good Standing System

Throughout the year the Teen Leaders Club will have the opportunity to participate in many activities and outings. Club members may also receive a free youth membership to the YMCA. To attend these activities and outings for Teen Leader rates and receive a YMCA membership club members must be in GOOD STANDING by meeting the following guidelines set by the Youth Recreation/Teen Director:

To Be in Good Standing Teen Leaders must:

- Attend meetings regularly at least once a month or have an excused absence (meetings are every other Thursday)
- Have a minimum of 8 volunteer/service hours per month (All volunteer positions are to be taken seriously - volunteers are treated and expected to take on responsibilities like YMCA employees.)
- Members should have a minimum quarterly GPA of 2.0 or show proof of working toward improvement and must turn in their report cards on a quarterly basis
- Adhere to the Teen Leaders Club Objectives and Code of Conduct

If certain activities or outings require Teen Leader Members to contribute to the cost of a trip then amount needed from individual members will be based on the above basic expectation plus additional volunteer/service hours and the amount of participation in fundraisers. Volunteer/service/fundraiser hours may not accumulate past certain activities/outings.

I have read, fully understand and agree to adhere to the above the Teen Leaders Club Purpose & Goals, Code of Conduct and Service & Good Standing 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"/> 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"/> Other _____ |
| <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