



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Adventure Guides and Princesses

Father's Last Name _____ Father's First Name _____
Address _____
City _____ Zip _____ Subdivision _____
Employer _____
Business Phone _____ Home Phone _____ Mobile _____
Child's Name _____
Grade Level _____ Gender (M/F) _____ Age _____ Child's School _____
Father's Birth Date _____ Child's Birth Date _____
YMCA Member (Y/N) _____ YMCA Member # _____ Spouse Name _____
Tribe Name (*if new tribe, list name of another dad in tribe*) _____
Email Address _____
Secondary Email _____
Referred by _____

PLEASE READ AND SIGN THE WAIVERS & POLICIES ON THE BACK OF THE FORM.

YMCA of Northwest North Carolina
775 West End Boulevard, Winston-Salem NC 27101
P 336 721 2100 F 336 721 2106 www.ymcaag.org
Our Mission: "Helping people reach their God-given potential in spirit, mind and body."

YMCA Adventure Guides and Princesses Policies and Code of Conduct

Photographs will occasionally be taken of the children during the Program. I, the undersigned, consent to the use of pictures of my child for displays, brochures, and promotional materials with no compensation to my child or me.

Payment Policies: Insufficient Funds: I understand policies concerning payment, cancellation, and refunds. I may not register my child for a new program until outstanding balances due on past programs are paid. If my bank returns a draft or check due to insufficient funds, immediate payment is required to keep my child's account up to date. I understand that I will be charged \$25 for each returned check or draft. I will need to send cash, money order, or certified check for the draft or check within 10 business days after I receive a notification letter from Metro Financial Services. Personal checks will not be accepted. Payment in full is required before my child can continue to participate in YMCA programs. If I have two returned drafts or checks within a six month period, I will no longer have the bank draft privilege and will be required to pay program fees in full, in advance.

Cancellations: Non-attendance, without written cancellation, does not relieve me of the responsibility to pay for the program. I will refer to the registration receipt for details on specific program cancellation policies.

Refunds: I understand that non-attendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for illness, vacation, or when YMCA programs are cancelled due to inclement weather. All refunds or program credits given for other reasons are issued on a prorated basis. I understand that the YMCA reserves the right to apply any credit due to other outstanding balances. Refunds are issued within 30 days of cancellation. Program payment is not transferable from one YMCA program to another or from one YMCA branch to another.

Code of Conduct: in keeping consistent with the YMCA and other program goals, and objectives, I hereby pledge to provide positive support, care, and encouragement for the children and families at the Y-Adventure Guides Program by following this code of conduct: "1. I will strive to meet the goals and objectives of the Y-Adventure Guides Program. 2. I will model and teach the YMCA core values—caring, honesty, respect, responsibility, and faith. 3. I understand the mission of the YMCA of Northwest North Carolina is to help people reach their God-give potential in spirit, mind, and body. 4. I will follow the Y-Adventure Guides Program Standards. I will help ensure a safe and healthy environment for my child to participate. 5. I will provide support for Federation Officers, Circle Officers, and the YMCA staff working with my child to provide a positive and enjoyable experience for all. 6. I will demonstrate positive role modeling through behavior, actions, and activities. 7. I will support a drug and **ALCOHOL FREE** environment for my child and agree to prohibit their use at all events and activities. 8. I will encourage my child to treat other participants with respect regardless of race, sex, creed, or ability. 9. I will help provide proper supervision for all children." I am fully aware that the failure to support this code of conduct will jeopardize my participation in YMCA of Northwest North Carolina Adventure Guides.

Acknowledgement of Risk of Injury/Release and Waiver. I acknowledge and understand that there may be a risk of injury involved in the activities, which my child and I will engage in during the program. In consideration of the Branch allowing my child to participate in the Program and various field trips which may be taken from time to time, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of respective officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child or I may suffer from participation in YMCA activities, field trips or the above described Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

Certification of Ability to Participate and Medical Authorization. I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Program activities for which he or she has been registered. I, the undersigned, understand that in the case of illness or injury of my child the Branch will try to notify me or the emergency contact listed on the Program Registration form. In the event of a medical emergency concerning my child at a time when either I or the emergency contact person cannot be notified, I hereby authorize Branch officials or my child's caregiver, as applicable, to obtain necessary medical care and/or treatment, including but not limited to first aid, X-Ray, examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

I have read and understand all the policies stated above.

Parent/guardian signature _____ Date _____