



FLORIDA'S FIRST COAST Delegation

YMCA Youth In Government 2016-2017 Registration Form PLEASE PRINT or TYPE
 Questions? Contact Ruth Spencer at RSpencer@FirstCoastYMCA.org | 904.765.3589 ext. 211

Name:		School:	
Age:	Date of Birth:	Grade:	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:			
City:		State:	Zip Code:
Delegate E-Mail:		Delegate Cell:	
Shirt Size:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL		
Did anyone refer you? If yes, who?			

Parent/Guardian:	Phone:	Cell:
Parent E-Mail:	As a parent, I am interested in participating in booster activities, please contact me: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Parent/Guardian:	Phone:	Cell:
Parent E-Mail:	As a parent, I am interested in participating in booster activities, please contact me: <input type="checkbox"/> Yes <input type="checkbox"/> No	

\$75 REGISTRATION INCLUDES program materials & tee shirt Attach check & mail or submit in person		
Delegate will attend Fall Delegate Conference ? (\$100) Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Delegate will require Financial Aid? Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Delegate will attend State Assembly? (about \$400) Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note that in order to receive financial aid: Delegate is required to participate in Chapter & Delegation fundraisers. Parent will need to submit a complete Financial Aid Packet.		

Medical Insurance Provider:	Policy #:
Special restrictions or concerns:	Allergies:
Name of Doctor:	Phone:

Program Liability & Waiver:

I hereby grant permission for the above named student to participate in the YMCA's High School's YMCA Youth In Government Chapter. I understand that participation in this program involves community service hours, fundraisers, and a trip to the annual State Assembly during which my student will miss at least two days of school (depending on local transportation and arrangements). I also acknowledge that I will have to sign a permission and code of conduct form in order for my student to participate and that failure to abide by the code of conduct may result in my student being sent home from any YMCA or Youth In Government function at my expense.

I grant permission for media taken during events hosted by Florida YMCA Youth In Government, the YMCA, or the High School's Chapter to be used in the archiving and promotion of the programs.

Permission is granted for YMCA Advisors/Assembly Staff/Volunteers to administer first aid. In the event my child suffers any illness or accident requiring emergency treatment while involved in any YMCA activity, I hereby give my permission for any necessary hospitalization, medication or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me except where covered by board accident policy.

I also release the local YMCA, Florida YMCA Youth In Government, High School, either groups staff and/or volunteers of all liabilities arising out of these activities. In the event of sickness or accident, I waive all claims against volunteers, staff, YMCA Operations Board of Directors or operators of the YMCA or its agents that may arise from participation in the activities of the YMCA.

I HAVE READ THE ABOVE STATEMENTS IN THEIR ENTIRITY AND AGREE TO COMPLY.

_____/_____/_____ Parent/Guardian Signature		Date
For Office Use ONLY: Paid Dues: \$ _____	Check # _____	MSR
Initial: _____	Date: ____/____/____	