



Y CLUB AFTER SCHOOL TEEN CLUB

**AUGUST 13 - JUNE 4
ENROLLMENT PACKET**



Shasta Family YMCA | 530.246.9622 | sfyma.org



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TABLE OF CONTENTS

About Our Program	1
Y Club Goals	
Our Staff and Volunteers	
Program Highlights	2
Program Schedule	2
Behavior and Rights	3
Concerns & Safety	3
Y Club Packages	4
Payment Form	5
Enrollment Form	6
Consent for Emergency Medical Treatment	7
Health & Development History	
Demographics	
Attendance & Transportation	8
Public Transportation	
Sign-in and Homework Response	9
Y Club Policies	10 & 11
YMCA & Parent Copies	



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ABOUT OUR PROGRAM

Welcome to the Shasta Family YMCA Y Club Program! We are happy to have you join us and we look forward to getting to know you! We know Y Club will be a fun and enriching experience! Y Club is designed to help teens and tweens succeed by inspiring creativity, independence and purpose through achievement, relationships and belonging. Y Club provides varied opportunities for fun, enrichment, personal development and increased social interaction.

Y CLUB GOALS

By following the Y's three areas of focus- Healthy Living, Youth Development and Social Responsibility. Y Club provides youth with a safe place to go after school where they can belong, grow and learn. Exposure to many enriching experiences and opportunities will promote discovery of new talents and passions that will shape them as future leaders!

- I. **Healthy Living:** Develop youth with skills for healthy eating and physical activity to sustain a healthy lifestyle.
- II. **Youth Development:** Provide youth with educational experiences that help them achieve goals; build confidence; and become self-reliant, thriving individuals equipped for the future.
- III. **Social Responsibility:** Develop youth using Search Institute's 40 Developmental Asset Framework, by providing a caring, loving and encouraging environment that celebrates success, supports belonging and builds relationships.

OUR STAFF AND VOLUNTEERS

Y Club staff and volunteers strive to meet the Y's four core values of caring, honesty, respect and responsibility. They are organized, creative, energetic and able to manage youth in group situations. All staff are cleared through the Criminal History and Child Abuse Index. Y Club staff provides an atmosphere of trust and security by helping youth gain self-esteem; solve problems; and offer praise and encouragement in a positive manner.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB PROGRAM HIGHLIGHTS

We believe the values and skills learned are vital building blocks for life and will help youth make smarter life choices. Through a variety of programs, Y Club will help educate and model healthy eating, positive behaviors, inspire growth, develop leadership skills and teach about other cultures and people in our community. We believe Y Club will form confident youth today and engaged adults tomorrow.

Below are some highlights from our program:

- Nutritious substantial snacks provided: sandwich, fruit, yogurt, beverages, etc.
- Sports, fitness and recreation
- Group activities, games
- Homework help
- Computer lab
- Social time
- Life skills
- Passions discovered
- Volunteerism at Y
- Mentors

Y CLUB PROGRAM SCHEDULE

Y Club will run August 13, 2019 – June 4, 2020, **Monday – Friday from 2- 6 p.m.**, (All youth must be signed out at 6 pm) open early for minimum days and excluding the following holidays and school breaks:

Dates Y Club Closed:

September 2:	Labor Day
November 11:	Veteran's Day
November 25-29:	Thanksgiving Break
Dec 20 - Jan 6:	Winter Break
January 20:	Martin Luther King Day
February 17-21:	President's Day week
April 6 -13:	Spring Break
May 25:	Memorial Day

Not only will the youth participate in the benefits of Y Club, but participants can take advantage of all that our facility has to offer such as aquatics, basketball, fitness, and group exercise classes.



Y CLUB BEHAVIOR AND RIGHTS

It is our goal to provide a healthy, safe, and secure environment for all Y Club participants. Youth attending Y Club are expected to follow the behavior guidelines and interact appropriately in a group setting. We work towards this goal through the following:

- **Role Modeling:** Effectively exemplifying good qualities needed for acceptance in a group.
- **Positive Reinforcement:** To encourage repetition of good behavior.
- **Redirection:** Removing the youth from a negative situation and involving the youth in a more acceptable positive activity. If deemed necessary for the safety of your youth and others, the YMCA staff has permission to restrain and/or physically remove the youth from an unsafe situation. Parents will be notified if this circumstance occurs.
- **Reinforcing Problem Solving Skills:** Such as predicting consequences, settling disagreements without aggressiveness, and thinking about the feelings of others.

When and if the above procedures do not result in a positive change of behavior, suspension of the youth may occur. With these positive working strategies, the youth is hopefully able to realize that negative behavior is ultimately non-productive.

The safety of all enrolled youth is our primary goal. Extreme behavior problems may require individualized behavior contracts, meetings with parents, and or possible suspension.

CONCERNS FOR SAFETY

The Y, above all, is concerned for the safety of every youth in the program. If the YMCA staff has reason for concern regarding the safety of a youth's release to a parent or other adult, the staff may call the police. Cause for this course of action includes:

1. Parent/Adult suspected "under the influence" of drugs or alcohol.
2. Parent/Adult is abusive or threatening to child or staff.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB PACKAGES

Option 1: Y Club with Membership.

Youth or Family Membership **plus** monthly program fee. Youth has access to Y facility when Y is open. This option is best for those that want to attend Y Club as well as use the Y facility before or after Y Club hours. If you need information about joining, contact Member Services at 530-246-9622.

Option 2: Y Club Program Only.

Youth are Y Club participants only. Monthly program fee. Youth has limited access to Y facility **only** during Y Club hours. Monday – Friday from 2-6 pm. This option is best for those that are only interested in Y Club.

Option 3: Y Club Punch Card.

Youth can purchase a punch card valued at \$12 per day and cards are available in increments \$100. Youth has limited access to Y facility only during Y Club hours. Monday – Friday from 2-6 pm. This option is best for those that will not be attending Y Club on a consistent basis.

Y CLUB MONTHLY Rates:

Based on anticipated program use, please choose from the following that best fits your situation.

	<u>3 Day</u>	<u>5 Day</u>
Y Club Add-On to Membership	\$54	\$72
Y Club Program Only:	\$87	\$108
Y Club Punch Card: \$120/10 visits		

The Y never wants our program fees to be a hardship; we make every effort to be available to all. For those who may find the above fees a hardship, we encourage you to apply for Financial Assistance. Our Financial Assistance program is supported by generous donations from Y members and the community.





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y Club Payment Form

Y Club Participants Name _____ Date _____

Mailing Address _____

Authorized Signature _____ Phone # _____

Email (for confirmation) _____

Please select either the 3 day or 5 day option.

	<u>3 days</u>	<u>5 days</u>	
Y Club with membership:	<input type="checkbox"/> \$54	<input type="checkbox"/> \$72	(Youth membership \$38 or family membership \$73 per month)
Y Club program only:*	<input type="checkbox"/> \$87	<input type="checkbox"/> \$108	
Punch Card:	<input type="checkbox"/> \$120/10 visits		

*Y Club hours are M – F, 2- 6 pm plus minimum days. Y Club with membership participants have access to the Y facility when Y Club is not in session.

If you were previously on our grant-funded, self-selected fee scale, you will now need to apply through our regular financial assistance program. Please see the attached financial assistance form.

Please indicate which days your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Primary Form of Payment:

Name on Credit Card _____

Card Type: Visa MC Discover

Account Number _____

Exp. ____/____ Security Code: _____

Secondary Form of Payment:

Name on Credit Card _____

Card Type: Visa MC Discover

Account Number _____

Exp. ____/____ Security Code: _____

Please Initial:

_____ 1. Monthly payments will be drafted on the first of each month by the YMCA. If payment is not received, the child(ren) will no longer be allowed to participate in the program until fees are paid in full.

_____ 2. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted, using the second form of payment and will include a returned payment fee.

_____ 3. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 2 weeks written notice required for all cancellations and changes.

_____ 4. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney’s fees.

I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.

Signature: _____ Date: ____/____/____



Y CLUB ENROLLMENT FORM

Today's Date: _____ School: _____ Grade: _____

Participant's Information:

Last Name: _____ First Name: _____ M. I.: _____

D.O.B: _____ Gender: M F Parent's Name: _____

Parent's DOB: _____ Parent's Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Other Phone: _____

Youth lives with: Mother Father Contact First: Mother Father

Additional Emergency Contacts:

Emergency Contact Name: _____ Phone: _____ Relation: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Agreement – PLEASE INITIAL

- _____ 1. The Y reserves the right to terminate this agreement if the youth becomes disruptive; or if in the opinion of the Director, behaviors are not believed to be appropriate.
- _____ 2. I understand that failure to adhere to policies will jeopardize continued participation in the program.
- _____ 3. While participating in Y Club, the YMCA has my permission to photograph, video or otherwise capture the likeness of myself and/or my child for publicity purposes.
- _____ 4. The Shasta Family YMCA, shall not be responsible for any personal injury or losses sustained by the member while on premises or during Y Club. Y members further agree to indemnify and hold harmless the Shasta Family YMCA from any claims or demands arising out of any such injuries or losses.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____ Date: ____/____/____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to the Shasta Family YMCA to call 911 when necessary and obtain all emergency medical or dental care prescribed by a duly licensed and authorized health care provider, Osteopath or Dentist for _____.

(Youth's name)

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the youth named above.

Signature of Parent or Authorized Representative

Date

Emergency Contact

Emergency Phone

HEALTH AND DEVELOPMENT HISTORY

Medications are not permitted in Y Club. If seen, they will be confiscated.

My youth has the following food and/or medication allergies: _____

Please explain any special needs or circumstances for your youth: _____

DEMOGRAPHICS

Check one that best describes how the participant identifies. For grant reporting purposes only.

Hispanic

Non- Hispanic

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other Multiple Race Combinations

Female Head of Household?

Disabled Individual?

YES / NO

YES / NO

Choose the income level that best describes your family:

__ Low

__ Moderate

__ Avg or Higher



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB ATTENDANCE & TRANSPORTATION

Please indicate which days of the week your child will be attending Y Club.

A change form is available in Y Club if you need to let us know of any changes in your youth's schedule due to sports, vacations or other school activities.

Monday Tuesday Wednesday Thursday Friday

Time: _____ Time: _____ Time: _____ Time: _____ Time: _____

Seasonal: _____ Expected duration of this schedule: _____

Comments: _____

Y CLUB TRANSPORTATION

Please indicate the type of transportation your youth will use to attend Y Club.
(Check all that apply)

Walking Bike UPrep Bus Vehicle Other

Comments: _____

LOCAL PUBLIC TRANSPORTATION

RABA bus has a variety of routes available surrounding the local middle school and high school locations. They offer a \$10 punch card bus pass that doesn't expire, and a youth bus pass for ages 6 – 17 years to ride all month for \$29. For more information you can visit their website at www.rabaride.com



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB AFTER SCHOOL SIGN-IN

Please initial preference

_____ My youth has my permission to sign himself/herself out of Y Club when leaving for the day.

_____ My youth must be signed out of Y Club by an approved parent or guardian when leaving Y Club for the day.

Parent Signature: _____ Date: _____

HOMEWORK PREFERENCES

Please indicate your preference about Y Club's involvement in your youth's homework.

_____ My youth may choose whether to do homework while in Y Club. Another quiet activity may be offered during this time.

_____ My youth must complete as much of his/her homework as possible during the homework time provided in Y Club.

_____ My youth should not do homework while in Y Club. I prefer that homework be completed at home. Another quiet activity may be offered during this time.

Comments: _____

Parent Signature: _____ Date: _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB AFTER SCHOOL POLICIES

YMCA Copy

1. Parents are responsible for informing the Site Director of any changes in their youth's attendance schedule, address, phone, work, or emergency telephone numbers, etc.
2. Y Club is offered Monday through Friday on all school days.
3. We track attendance in Y Club for reporting purposes, but we are not responsible for ensuring your child's arrival at or attendance in the program. Our responsibility begins once a child is signed in for the day.
4. Youth coming directly from school dismissal will sign themselves into the Y Club program. Only an authorized adult (must be 18) with identification will be permitted to sign youth out upon leaving, unless permission form has been signed allowing youth to sign themselves out.
5. Y Club will close promptly at 6:00 p.m. All youth must be signed out at this time.
6. Youth cannot attend Y Club if they are ill. You must make alternate arrangements.
7. The Y Club staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
8. If deemed necessary for the safety of your youth or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
9. Photos, videos, or other likeness of your youth may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
10. I understand that failure to adhere to these conditions will jeopardize continued participation in Y Club.

WAIVER: I hereby agree for myself, my youth, my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my youth or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor youth, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my youth attending Y Club. The Y reserves the right to dismiss a youth for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor youth, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my youth in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos, videos or other likeness of me and/or my minor youth for promotional purposes.

I have received and understand the Y Club's After School Policies.

Youth's Name

Parent or Guardian Signature

Date



Y CLUB AFTER SCHOOL POLICIES Parent Copy

1. Parents are responsible for informing the Site Director of any changes in their youth’s attendance schedule, address, phone, work, or emergency telephone numbers, etc.
2. Y Club is offered Monday through Friday on all school days.
3. We track attendance in Y Club for reporting purposes, but we are not responsible for ensuring your child’s arrival at or attendance in the program. Our responsibility begins once a child is signed in for the day.
4. Youth coming directly from school dismissal will sign themselves into the Y Club program. Only an authorized adult (must be 18) with identification will be permitted to sign youth out upon leaving, unless permission form has been signed allowing youth to sign themselves out.
5. Y Club will close promptly at 6:00 p.m. All youth must be signed out at this time.
6. Youth cannot attend Y Club if they are ill. You must make alternate arrangements.
7. The Y Club staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
8. If deemed necessary for the safety of your youth or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
9. Photos, videos, or other likeness of your youth may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
10. I understand that failure to adhere to these conditions will jeopardize continued participation in Y Club.

WAIVER: I hereby agree for myself, my youth, my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my youth or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor youth, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my youth attending Y Club. The Y reserves the right to dismiss a youth for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor youth, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my youth in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos, videos or other likeness of me and/or my minor youth for promotional purposes.

I have received and understand the Y Club’s After School Policies.

Youth’s Name

Parent or Guardian Signature

Date