



# YMedia Works Summer Institute

## Legacies Project August Session

**PARTICIPANT INFORMATION – Please Print Clearly!**

Participant's Full Name:			Grade (in Fall 2008)	Gender M F
D.O.B. / /	Age at Start of Institute	Email Address		
Address		City	State	Zip
Mother Name	Home Phone #	Work Phone #	Cell Phone #	
Father Name	Home Phone #	Work Phone #	Cell Phone #	
T-Shirt Size (circle one): <i>Adult:</i> S M L XL XXL		How did you hear about YMedia Works?		

### AUTHORIZATIONS

**Please check one, if dictated by physician:**

I hereby give permission       I hereby do not give permission

to the YMCA of Metro Detroit to secure emergency medical and/or emergency surgical treatment for the above minor.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Field Trips

I agree that with registration, my teen has permission to attend all field trips planned during the summer. Parents/guardians will be notified in advance of planned field trip activities. If your teen cannot attend a field trip, arrives late on a field trip day, or has to be picked up earlier than the expected return time, the YMCA has no provisional care/staff to supervise your teen. It is the responsibility of the parent/guardian to plan in advance for that need.

Yes     No

#### Photo/Video/Voice Release

The YMCA of Metro Detroit requests irrevocable consent to release photographs, slides, moving pictures and audio/visual tapes of the above named minor teen for the purpose of YMCA records, public relations and/or advertising, videos, voice or text materials and either with or without my teen's name or photo accompanying quotation.

Yes     No

#### Evaluation and Focus Groups

In an effort to track how well YMedia Works is achieving the objectives of transforming local youths through media studies, evaluative focus groups and survey projects are a regular part of program delivery. I give permission for my teen to participate in these evaluative projects and understand that their responses may be published in statistical reports to granting agencies and stakeholders. Additionally, my child may be quoted and/or their picture or likeness published in documentation for the purposes of analysis, fundraising, and promotion. *Note: YMedia Works is mindful that young people need special safeguards and privacy protection and realize that they may not be able to make thoughtful decisions about the choices that are made during participation. We reasonably endeavor to ensure that we never intentionally disclose any personal identification information about our students to any third party.*

Yes     No

#### Physical Aggression Policy

I understand there is a no tolerance policy against any aggressive physical behavior under any circumstances. In the case of aggressive physical behavior, it is my understanding that my teen will be removed from camp without any refund.

Yes     No

#### Swimming Permission

I give permission for my teen, the above-mentioned minor, to participate in swimming activities. It is my understanding that my teen will be swimming with a certified lifeguard in attendance at all times. I understand that in order for my teen to swim in the deep end, they will have to pass a swim test.

Yes     No

I give permission for my teen to participate in the YMedia Works Summer Institute and agree to all of the items located within this form. I understand that it is my responsibility to know all the policies and procedures outlined within.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**INFORMATION IS VERY IMPORTANT – PLEASE PRINT CLEARLY!**

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**SAFETY INFORMATION**

**Preferred Hospital for Emergency Treatment:** \_\_\_\_\_

**Health Insurance Policy**

Name \_\_\_\_\_ Policy # \_\_\_\_\_

**Name of person(s) to be notified in an emergency when parent/guardian is not available:**

NAME	RELATIONSHIP	PHONE #	SECOND PHONE #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**Name of person(s) in addition to parents to whom teen may be released:**

NAME	RELATIONSHIP TO PARTICIPANT
1. _____	_____
2. _____	_____

1. Is your teen under any special medical (seizures, asthma, etc.) regimen?  
If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
2. Does your teen take any prescribed medications that he/she will be taking while in the YMCA's care?  
If yes, please fill out the Medication Dispension Form (Available at the YMCA) \_\_\_\_\_
3. Does your teen have any dietary restrictions? \_\_\_\_\_  
\_\_\_\_\_
4. Are there any problems that may confront your teen while at the institute (allergies, homesickness, anxiety, moodiness, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_
5. Does your teen have any special talents or abilities? \_\_\_\_\_  
\_\_\_\_\_
6. Please provide any other information you feel may put us in a better situation to understand your teen and his/her needs.  
\_\_\_\_\_  
\_\_\_\_\_

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**PAYMENT INFORMATION**

**IMPORTANT:** If accepted into the program, a non-refundable, non-transferable registration fee is required to reserve your teen's spot in the Institute. Please Initial \_\_\_\_\_

TOTAL REGISTRATION FEE:                      \_\_\_\_\_ \$25  
FEE RECEIVED ON:                                \_\_\_\_\_  
STAFF INITIAL:                                     \_\_\_\_\_

**Please return registration packet to:**  
Boll Family YMCA  
1401 Broadway, Detroit, MI 48226  
  
**For more information:**  
[thepp@ymcametrodetroit.org](mailto:thepp@ymcametrodetroit.org)  
or 313-223-2751

**Cash, check, money order or credit card payments accepted at the Courtesy Counter of the Boll Family YMCA. Make check or money order payable to: Y-Arts Detroit.**