

# OREGON YMCA YOUTH AND GOVERNMENT

## Page Registration Form

**Student Page Information:** Please enter the following information. Any incomplete application will be returned and the student will not be registered for the page program.

First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

School/YMCA: \_\_\_\_\_ Male ( ) Female ( ) Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: 9 10 11 12

Previous experience with Youth Leg? Yes No (if yes, please list): \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

H Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

H Phone: \_\_\_\_\_ W Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### Medical Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group ID #: \_\_\_\_\_ Allergies (food, medication, etc.) \_\_\_\_\_

Health issues we should know: \_\_\_\_\_

Additional information we should know (medications, etc): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The YMCA Youth & Government program depends on volunteers! I \_\_\_\_\_ would be willing to support the program as a:  chaperon at evening function  chaperon for student housing  photographer  donor/sponsor

Please contact the Y&G State Director, Nekole Baurer, [nbauer@theyonline.org](mailto:nbauer@theyonline.org) or 503-399-2770 with any conference questions or concerns.

## CODE OF CONDUCT

The YMCA strongly believes in developing character. We therefore challenge and expect each legislator, page and advisor to uphold this contract based on **Caring, Honesty, Respect and Responsibility.**

### I UNDERSTAND THAT:

- I accept the responsibility to comply with all of the provisions in this contract and understand that violations can result in permanent expulsion from the program, restitution for any damages caused, loss of an office and/or notification of the appropriate law enforcement agency.
- All my school policies (including zero tolerance policies) apply to all Oregon YMCA Youth and Government program activities. My school may be notified of a violation of this Code of Conduct.
- My parents understand that if I violate this contract, I will be required to call them, and they have agreed to accept the responsibility of picking me up within one hour.

### BEHAVIOR:

- I understand that I am expected to be responsible for my own behavior while respecting the rights of all advisors and participants.
- I will not bring and/or consume alcohol, tobacco, drugs or drug paraphernalia during the program.
- Because I respect others, I will be at all scheduled meetings on time.
- I will be honest with myself and other participants and not take unfair advantage of any situation or person.
- I understand that my school is responsible for my well-being while I am in Salem and I will respect that responsibility by returning directly to my home each evening after the program.
- I agree to respect my school advisor and follow all rules established by him/her for pages.
- I agree to honor and practice the YMCA core values of Caring, Honesty, Respect, and Responsibility.

### ATTIRE:

- Because I am aware of my role as a representative of the youth of Oregon, I will be appropriately attired at all functions. I will not wear jeans, sweats, shorts, t-shirts or sneakers unless approved by my advisor.
- I understand that name badges are considered official credentials and will allow access to all program activities and, as such, must be worn at all times.

### CAPITOL BUILDING:

- I will respect the privacy of the legislative members whose desks I will be walking amongst during the House and Senate sessions and will not open any desk or use any of the materials that may be on the desks. I agree to treat the rooms and equipment I use with the greatest of respect.

### PARTICIPATION:

- While in Salem, I shall participate in the planned program activities to the exclusion of all other activities. I may be excused from attendance if a conflict occurs which was unforeseen and requires my active participation, e.g. death in the family, serious illness, etc. I shall notify my advisor who shall verify the conflicting activity, the time of my absence and the transportation arrangements with the state office prior to my absence. The advisor shall ensure that my parents are aware of the alternate activity.

**Student:** I have read, understand and accept the responsibility to abide by the terms listed above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### ACKNOWLEDGMENT:

I have read and understand this information and will respect the decisions of the school advisor and/or the Oregon YMCA Youth & Government staff in judging my teen's behavior. I agree to hold the Family YMCA of Marion/Polk Counties and Oregon YMCA Youth & Government harmless from any decisions they may make regarding such behavior. In case of emergency I hereby authorize Mr. Reid Holcomb or a representative of Oregon YMCA Youth and Government to obtain and give permission for any medical examination and treatment he/she may deem necessary for my child during the Oregon YMCA Youth and Government Program. I agree to be responsible for any expenses incurred as a result of such examination or treatment. The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing me/my child in YMCA activities for use in public relations, promotional or advertising purposes. A copy of this form shall be as valid as the original.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**RETURN THIS FORM TO YOUR ADVISOR**

***DEMOCRACY MUST BE LEARNED BY EACH GENERATION - THOMAS JEFFERSON***