

OREGON YMCA YOUTH AND GOVERNMENT

Student Registration Form

Student Information: Please enter the following information. Your PREFERRED Name will be used on your name badge/business cards.

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): _____

Advisor Name: _____ Measure subject: _____

Student email (For business card) _____ Phone (For business card) _____

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: _____

Special food needs (circle one): none vegetarian vegan gluten free lactose intolerant other (please list): _____

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): _____

Housing Information: Do you plan on staying in student housing ? **YES NO**

All students are invited to stay as a group in student housing, including students residing in the Salem area.

I give my permission for the above named teen to be housed in the Regional Training Institute sleeping bays located at 701 Monmouth Ave., Monmouth, OR 97361 during the 2017 Annual Youth & Government Conference. I understand that my child will be transported to and from the above named facility to/from the Salem Family YMCA located at 685 Court St. NE, Salem, OR 97301 each day by bus, so that they may participate in this program. I also understand that a continental breakfast will be provided by the YMCA each morning for my child.

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, nbaurer@theyonline.org or 503-399-2770 with any housing or conference questions or concerns or to arrange alternate housing.

CODE OF CONDUCT

The YMCA strongly believes in developing character. We therefore challenge and expect each delegate 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; this includes time spent in student housing. 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 three hours.

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 or student housing each evening after the program.
- I agree to respect my school advisor and follow all rules established by him/her for my delegation.
- 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 member whose desk I use during the House and Senate sessions and will not open his/her desk or use any of the materials that may be on the desk. 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.
- I understand that all fees are non-refundable after Pre-leg. However, in extenuating circumstances (unforeseen emergency), half the fee may be refunded by action of the state director based upon written request from my advisor and myself.

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 _____ (Advisor's Name) 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