



**YMCA of Honolulu**  
**60<sup>th</sup> Youth Legislature Program**  
**Registration Form**

*Academic Year 2008-2009*

PLEASE TYPE OR PRINT CLEARLY IN INK. COMPLETE BOTH SIDES OF THIS FORM, DETACH, AND SUBMIT IT TO THE YMCA STATE OFFICE.

PROGRAM <input type="checkbox"/> YOUTH LEGISLATURE <input type="checkbox"/> CAPITOL CORPS		LEGAL NAME: FAMILY/LAST		FIRST/GIVEN		MIDDLE INITIAL	
CURRENT MAILING ADDRESS – NUMBER STREET				CITY	STATE	ZIP CODE	HOME PHONE: CELL PHONE:
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	BIRTHDATE month / day / year ____ / ____ / ____	SCHOOL		GRADE	YMCA BRANCH		
EMAIL ADDRESS							
I LIVE WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> OTHER: _____							
FATHER'S NAME (LAST, FIRST)			OCCUPATION		BUS. PHONE	ALT. PHONE	
MOTHER'S NAME (LAST, FIRST)			OCCUPATION		BUS. PHONE	ALT. PHONE	
EMERGENCY CONTACT			RELATIONSHIP TO TEEN		PHONE	ALT. PHONE	
PLEASE LIST ANY PHYSICAL OR OTHER LIMITATIONS THAT MIGHT HINDER YOUR TEEN'S PARTICIPATION							
PLEASE LIST ANY SPECIAL REQUIREMENTS OR CONDITIONS (list medication, dosage, times to be taken, vegetarian meals, and or allergies)							
YEARS IN YOUTH LEGISLATURE		HAVE YOU SERVED AS AN OFFICER? <input type="checkbox"/> YES <i>If YES, what officer position(s) did you hold?</i> <input type="checkbox"/> NO				CHAMBER PREFERENCE (YL) <input type="checkbox"/> HOUSE <input type="checkbox"/> SENATE	

**APPLICANT'S CERTIFICATION**

I certify that the responses provided on the Youth Legislature Registration Form are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the cancellation or denial of my admission and subject me to the requirements and/or disciplinary measures as provided under the YMCA's Student Conduct Code. Further, I understand that the YMCA shares a common database and all YMCA programs may access information pertaining to me.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR YMCA STATE OFFICE USE ONLY**

**PAYMENT:**    25    50    75    100    125    150    175    200    225    250    275    300    350    400

FORMS <input type="checkbox"/> Code of Conduct <input type="checkbox"/> Dress Code <input type="checkbox"/> Hotel Rules <input type="checkbox"/> Bill _____	REGISTRATION <input type="checkbox"/> Accepted    Initial: _____
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**MULTIMEDIA RELEASE**

I also authorize the YMCA of Honolulu Youth Legislature Program to use the name and any video/photographs/audio taken of my teen and/or myself at anytime or in any manner in connection with its advertising, publicity and public relations programs. The YMCA may only use the video/photographs/audio. I will make no further claims.

\_\_\_\_\_  
PARENT GUARDIAN NAME (PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

### **MEDICAL CARE AUTHORIZATION**

If in the judgment of the YMCA staff or volunteer leader, my teen requires medical care, I authorize and instruct the YMCA to inform me or the following Authorized Person:

\_\_\_\_\_  
NAME OF AUTHORIZED PERSON

\_\_\_\_\_  
DAY PHONE

\_\_\_\_\_  
EVENING PHONE

The YMCA may take my teen in for medical treatment to the physician, hospital or clinic, I or the authorized person designated. If I, the authorized person, or the physician can't be promptly reached, I authorize the YMCA to take my teen to the nearest hospital or clinic for such medical treatment.

My teen is covered by:

\_\_\_\_\_  
NAME OF MEDICAL INSURER

\_\_\_\_\_  
CARD/POLICY NUMBER

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

### **PARTICIPATION PERMISSION**

#### **FOR TEENS & PARENT/GUARDIANS:**

As legal parent/guardian of \_\_\_\_\_, I understand that my teen's participation in the YMCA Hawaii State Youth Legislature Program is contingent on their appropriate conduct and behavior during program hours. Appropriateness is defined as following and upholding the YMCA's four core values of RESPECT, RESPONSIBILITY, HONESTY, and CARING. Teens are also expected to be accountable and responsible for their own actions and consequences. Program staff & volunteers reserve the right to offer appropriate consequences based on inappropriate behavior at program activities, which may include termination from the program. If at any time you feel the levied consequences are inappropriate or if you should have any grievances, please feel free to contact the State Director.

I/We agree that in consideration of the YMCA of Honolulu allowing our teen(s) to participate in the YMCA Hawaii State Youth Legislature Program, we hereby release and agree to indemnify and hold the YMCA of Honolulu, their agents, trustees, officers, directors, employees, volunteers and staff, harmless, of and from, all damages, liabilities, causes of action and claims related to any injuries, whether to person or property sustained in connection with, or arising out of program activities. To best prevent such incidents from occurring, the YMCA Hawaii State Youth Legislature Program will be supervised by a trained, caring YMCA Staff and volunteers.

I also understand that some program activities will be occurring mainly at the Pagoda Hotel, the University of Hawaii, YMCA of Honolulu Branches, as well as at other off site locations, which will be communicated with us through a program schedule.

\_\_\_\_\_  
Teen's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date