

Y TEEN ADVENTURE

2009 SUMMER REGISTRATION FORM (complete both sides in black or blue ink)

All information must be completely filled out on this form before your child is registered. For example, health history, signatures, telephone #s, etc....

Child(ren)'s Starting Date: _____ Current YMCA Membership? Yes No If yes, Family Membership Youth Membership

CHILD'S NAME: (Last, First)	SEX:	SCHOOL:	Age as of June 15, 2009	Grade Sept. 2009	Birth Date
CHILD'S NAME: (Last, First)	SEX:	SCHOOL:	Age as of June 15, 2009	Grade Sept. 2009	Birth Date

CATEGORY	NAME	HOME ADDRESS/ZIP CODE	HOME PHONE	WORK NAME AND ADDRESS	WORK PHONE
FATHER					
MOTHER					
GUARDIAN					
*Emergency contact not listed above					

Person(s) authorized to pick-up child (include parents). Fill in names and telephone numbers below:

1. Name: _____ Hm. Phone: _____ Relationship: _____ Wk. Phone: _____	3. Name: _____ Hm. Phone: _____ Relationship: _____ Wk. Phone: _____
2. Name: _____ Hm. Phone: _____ Relationship: _____ Wk. Phone: _____	4. Name: _____ Hm. Phone: _____ Relationship: _____ Wk. Phone: _____

Marital Status: Married Single Divorced Separated Spouse Deceased

Any parental custody arrangements we should be aware of? _____

Please check all applicable information following:

Check location: Franklin Middle School
 Washington Middle School

(Weekly Fees)	All weeks except 10	Week 10 (3 Day)
Current YMCA Member (Child or Family Membership)	\$116/child	\$70/child
General Public	\$131/child	\$80/child

Please check the weeks of registration: (Description of theme weeks on back page)

- | | |
|---|---|
| <input type="checkbox"/> Wk. 1 - June 15 - June 19 "Fun in the Sun" (\$4.00 additional fee) | <input type="checkbox"/> Wk. 6 - July 20 - July 24 "Six Flags" (\$35.00 additional fee) |
| <input type="checkbox"/> Wk. 2 - June 22 - June 26 "What Lies Beneath" (\$8.00 additional fee) | <input type="checkbox"/> Wk. 7 - July 27 - July 31 "Hey Batter Batter!" (\$22.00 additional fee) |
| <input type="checkbox"/> Wk. 3 - June 29 - July 3 "Bases Loaded" (\$8.00 additional fee) | <input type="checkbox"/> Wk. 8 - August 3 - August 7 "Point of No Return" (\$30.00 additional fee) |
| <input type="checkbox"/> Wk. 4 - July 6 - July 10 "The Great Outdoors" (\$50.00 additional fee) | <input type="checkbox"/> Wk. 9 - August 10 - August 14 "Beach Party" |
| <input type="checkbox"/> Wk. 5 - July 13 - July 17 "Amazing Race" (\$8.00 additional fee) | <input type="checkbox"/> Wk. 10 - August 17 - August 19 (3 day) "Summer Send Off" (\$8.00 additional fee) |

* **Reminder: To avoid the cancellation fee, please register only for weeks your child will need.**

If you have registered or are considering registering your child(ren) for any weeks at Camp U-Nah-Li-Ya, the School-Age Program, or the IC/JC Program, please check the appropriate box:

Camp U-Nah-Li-Ya (ages 7-17) School-Age Program (ages 5-12) Teen Leaders (ages 11-17)

* **Call the TAP Office with the actual dates after registering your teen**

Upon registration you must pay the following: (\$30 registration fee and first week of program.) (Any additional weekly trip fees are paid to TAP staff on site.)

*Total fee enclosed \$ _____ (make checks payable to YMCA) Financial Assistance Requested Yes No

Office Use Only: Paid _____ Confirmation <input type="checkbox"/> Site Copies <input type="checkbox"/> IC/JC <input type="checkbox"/> Uni _____ SACC _____
Draft <input type="checkbox"/> _____ Computer <input type="checkbox"/> 3rd Party <input type="checkbox"/> _____ PWY <input type="checkbox"/> _____ BC <input type="checkbox"/> _____

TAP Theme Weeks

- Week 1 - School's out, let the fun begin! Get ready for some beach volleyball, sand castles and hotdogs! Enjoy the day of relaxation at Ashwaubomay Park and summer fun all week long!
- Week 2 - Experience the adventure of what lies beneath as we visit Ledgeview Caves for the day. Extreme exploring is the name of the game this week!
- Week 3 - Enjoy a day watching the Wisconsin Timber Rattlers, the class "A" affiliate to the Milwaukee Brewers, game and tailgate!
- Week 4 - Experience some outdoor adventures like canoeing, fishing and campfires! This week includes a 3 day/ 2 night trip to YMCA Camp U-Nah-Li-Ya on Tuesday, June 30 through Thursday, July 2.
- Week 5 - Are you up for a challenge? Well, this week is for you as we test your physical and mental stamina when we visit The Courses - a compass & challenge course designed to build self confidence & teambuilding skills.
- Week 6 - Experience the thrill of giant roller coasters and wet water rides as we visit Six Flags Great America. This week will be filled with a carnival of spectacular activities.
- Week 7 - Enjoy peanuts, popcorn and Cracker Jacks as we head to Milwaukee for a Brewer Game! All week we will explore the wide world of sports.
- Week 8 - No matter how you say it, we'll be wet. A visit to the world's largest water park Noah's Ark is this week's main attraction.
- Week 9 - Bring out the sunglasses and sunscreen for some fun in the sun! Enjoy beautiful sand dunes and body surf the waves of Lake Michigan as we visit Door County's Whitefish Dunes.
- Week 10 - Send out summer with a bang! Test your skills electronically with Funset's many video attractions, including laser tag or go outside to play a round of mini-golf.

*Field Trips subject to change due to inclement weather to ensure the safety of our TAP participants.

Health History Child's Name: _____

Child's physician/medical facility:
Name: _____

Address: _____

Phone #: _____

Will your child require any medication while at the YMCA TAP Program? Yes No

If yes, please list medication _____

You will also be required to fill out a "Medication Authorization" form.

Does your child have a history of:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Physical Handicaps | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Sensitivity to Sun | <input type="checkbox"/> Other Problems (describe) _____ | |

If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure Staff. _____

Date of last tetanus shot _____

Health History Child's Name: _____

Child's physician/medical facility:
Name: _____

Address: _____

Phone #: _____

Will your child require any medication while at the YMCA TAP Program? Yes No

If yes, please list medication _____

You will also be required to fill out a "Medication Authorization" form.

Does your child have a history of:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Physical Handicaps | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Sensitivity to Sun | <input type="checkbox"/> Other Problems (describe) _____ | |

If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure Staff. _____

Date of last tetanus shot _____

Parent Consent/Authorization (Please initial each line & provide signature at bottom of page stating you have read and understand each item.)

_____ I authorize the YMCA to take my child on all field trips, whether by bus transportation or by walking during any of the YMCA TAP program days my child is enrolled.

_____ I give or do not give permission for promotional photographs to be taken of my child. (Please check which box applies)

_____ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency person cannot be reached.

_____ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).

_____ I understand that if I withdraw from the program prior to May 15 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 15, my first week's payment and registration fee per child is non-refundable.

_____ I understand that if I withdraw from the program in June or thereafter, a two-week written notice must be provided to the TAP office and payment for additional weeks may be required.

_____ I understand the information in this brochure as it relates to cancelling a program week at my child's TAP location.

X Parent or Guardian's Signature: _____ Date: _____

Mail to: YMCA Teen Adventure Program, 601 Cardinal Lane, Green Bay, WI 54313-6730
For Information call: 436-9675