



TEEN ADVENTURE PROGRAM (TAP)

Location: Franklin Middle School

2022 SUMMER REGISTRATION

(Complete all forms in black ink)

All information must be completely filled out on this form before your child is registered (i.e. health history, signatures, telephone numbers, etc).

Current YMCA Membership? Yes No If yes, Family Membership Youth Membership

Child(ren) Name (Last, First)	Sex	School	Age as of 6/13/22	Grade Sept. 2022	Birth Date
1.					
2.					

Parent or Guardian Information

Relationship to Child	Name (Last, First)	Home Address/Zip Code	Home Phone	Cell Phone	Work Name & Address	Work Phone
Emergency Contact not listed above						

Persons Authorized to Pick Up Child(ren) - Include Parents

Name	Relationship	Home Phone	Cell Phone	Work Phone
1.				
2.				
3.				
4.				

Parents Marital Status: Married Single Divorced Separated Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable) _____

Check the week(s) your child(ren) will be attending: (Field trips occur on Wednesdays for majority of weeks)

Week	Theme	Addl. Fee	Week	Theme	Addl. Fee
1 <input type="checkbox"/> June 13 - June 17	"Fun & Games"	\$15	6 <input type="checkbox"/> July 18 - July 22	"Splish Splat"	\$15
2 <input type="checkbox"/> June 20 - June 24	"Beach Party"	\$10	7 <input type="checkbox"/> July 25 - July 29	"Get Ur Game On"	\$25
3 <input type="checkbox"/> June 27 - July 1	"Homerun"	\$15	8 <input type="checkbox"/> Aug. 1 - Aug. 5	"Poseidon's Rage"	\$30
4 <input type="checkbox"/> July 5 - July 8 (4 days)	"The Great Outdoors"	\$25	9 <input type="checkbox"/> Aug. 8 - Aug. 12	"Strike It Up"	\$20
5 <input type="checkbox"/> July 11 - July 15	"Maxx Force"	\$40	10 <input type="checkbox"/> Aug. 15 - Aug. 17 (3 days)	"Summer Send Off"	\$15

Reminders:

- To avoid cancellation fee, please register only for weeks your child will need.
- If you register your child(ren) for any other Y Programs throughout the summer, please call the TAP office with the actual program (i.e. Camps, Teen Leadership) and dates they will attend.
- Upon registration, you must pay the following: (\$30 Registration fee per child and FIRST week.) Any additional weekly trip fees are paid to TAP staff on site.

Please list your main email address to receive TAP correspondence: _____

Total Fee Enclosed \$ _____ (make checks payable to YMCA)

Financial Assistance Requested Yes No

OVER →

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

Wk.	TAP THEME WEEK DESCRIPTIONS
1.	Fun & Games. Join us for some fun and games as we travel to Appleton's Badger Sports Park to kick-off TAP 2022! This family entertainment center has laser tag, go-karts, mini-golf, a game room, batting cages & much more!
2.	Beach Party. Enjoy a sandy beach as we travel to Ashwaubomay Lake for some wet and wild fun! We will build sand castles, participate in water games and partake in a yummy cookout to complete our day at the beach.
3.	Homerun. We will be giving back to our community by volunteering in the morning at Feeding America in Appleton, while enjoying some Timber Rattler baseball action in the afternoon. Both places we visit this week will be "homerun" experiences!
4.	The Great Outdoors. Take in the fresh air and the sounds of nature as we venture up to YMCA CAMP U-Nah-Li-Ya in Suring, WI for a packed day of adventure! Experience canoeing, high ropes, a climbing wall just to mention a few!
5.	Maxx Force. Get ready for some serious thrills as we travel to Gurnee, IL to visit Six Flags Great America. A variety of amusement rides awaits you from big to small! Get ready to experience all that this giant amusement park can provide.
6.	Splish Splat. Roller skate into a week of adventure as we visit Skater's Edge in Appleton in the morning and venture to Pollack Waterpark in Oshkosh for the afternoon. We will "soak in" some serious waterpark fun and get plenty of exercise showcasing our skating skills this week.
7.	Get Ur Game On. Do you like extreme sports? Well, this week is for you as we visit Urban Battlefield in De Pere to test your tactical skills and fast thinking! This massive 13,000 square foot arena offers the latest in laser tag that is sure to offer lots of thrills and excitement!
8.	Poseidon's Rage. The mighty Zeus awaits your visit at his giant waterpark called Mt. Olympus in Wisconsin Dells. Waterslides, roller coaster, and go-carts are just some of this park's attractions. Get ready for the time of your life!
9.	Strike It Up. "Strike" it up as we visit Ashwaubenon Bowling for some friendly bowling competition amongst peers and staff. Later, we will head to our very own Tundra Lodge to enjoy their water park slides and relax on their lazy river.
10.	Summer Send Off. The fun doesn't stop just because it's the last week of TAP! We will end our summer with a trip to our very own Bay Beach and Kastle Karts. Whether riding The Zippin Pippin, flying the helicopters or driving a go-kart, this week is guaranteed to send out summer with a bang!

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

HEALTH HISTORY	
Child's Name: _____	Child's Name: _____
Child's physician/medical facility: _____	Child's physician/medical facility: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list medication: _____	If yes, please list medication: _____
You will also be required to fill out a "Medication Authorization" form.	You will also be required to fill out a "Medication Authorization" form.
Does your child have a history of:	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"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please describe: _____	<input type="checkbox"/> Physical Handicaps <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please 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. _____ _____	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: _____	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 via bus, walking or biking 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(ren). Please check one box.

_____ 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 contact 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 13 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 13, my first week's payment and registration fee per child is forfeited.

_____ 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 of care 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: 920.436.9675

2022 SUMMER SACC/TAP

YMCA Bank Draft or Credit Card Draft Agreement

Upon registration, payment will be made for your first week of the summer program (SACC or TAP). Draft amounts will occur for the remaining summer weeks you have registered for. This does not include any week(s) of Camp U-Nah-Li-Ya. Camp will bill you directly.

Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 20-24) your draft for this week will occur on Monday, June 20).

Monthly drafts will be drafted on the 1st or 15th of the month per your request for the weeks of care occurring within that month.

(Example: Weeks of June 13, 20, 27 will be drafted in June. Weeks of July 5, 11, 18, 25 will be drafted in July. Weeks of August 1, 8, 15 will be drafted in August.)

Please fill out the information below and return this form to the SACC/TAP office upon registration.

Child(ren)'s Name: _____ Summer Site: _____

Frequency of Draft: _____ Weekly OR _____ Monthly (_____ 1st or _____ 15th)

If checking or savings draft, please supply the following information:

Type of Account: _____ Checking or _____ Savings

Bank Name: _____ Account Holder's Name: _____

Bank Routing No: _____ Account Number: _____

If credit card draft, please supply the following information:

_____ Discover Card _____ Master Card _____ Visa Name as it appears on the card: _____

Card Number: _____ Expiration Date: _____ 3 Digit CVV Code: _____

Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

- I understand my payment will continue until my scheduled payments are completed.
- It is my responsibility to notify the YMCA immediately of any account change or closing and to provide the YMCA with current account information. To make changes for drafts on the first of the month you must notify the YMCA by the 25th of the month prior. Notification for accounts drafting on the 15th must be in by the 10th of the month.
- The YMCA reserves the right to refuse entrance into the facility or programs if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

Cancellation:

- A two-week advance written notice must be given prior to withdrawing from a program.**
- Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
- Following a second month of insufficient funds or declined credit card, you will be contacted by the program director so that you can make arrangements to pay your balance due.
- If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any YMCA program or membership in the future.

Parent/Payee Signature: _____

Date: _____

PLEASE RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED SUMMER SACC/TAP REGISTRATION FORM.

