



# TEEN ADVENTURE PROGRAM (TAP)

Location: Jackson Elementary School

# 2024 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 6/12/24	Grade Sept. 2024	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)

School's out for Summer!	Theme	Addl. Fee	Week	Theme	Addl. Fee
1 <input type="checkbox"/> June 12 - June 14	School's out for Summer!	\$15	6 <input type="checkbox"/> July 15 - July 19	Drop Zone	\$25
2 <input type="checkbox"/> June 17 - June 21	Live on the Wild side!	\$15	7 <input type="checkbox"/> July 22 - July 26	Point of No Return	\$30
3 <input type="checkbox"/> June 24 - June 28	Fly Ball!	\$10	8 <input type="checkbox"/> July 29 - Aug. 2	Mission Impossible	\$30
4 <input type="checkbox"/> July 1 - July 5 (4 days)	Polar Plunge	\$20	9 <input type="checkbox"/> Aug. 5 - Aug. 9	High Tide	\$0
5 <input type="checkbox"/> July 8 - July 12	Thrills of all Sorts!	\$50	10 <input type="checkbox"/> Aug. 12 - Aug. 16	Cannon Ball!	\$20

### 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  Site Copies  JC \_\_\_\_\_ Uni \_\_\_\_\_ SACC \_\_\_\_\_  
 Draft  \_\_\_\_\_ Computer    3rd Party  \_\_\_\_\_ AC  \_\_\_\_\_ BC  Sp. Concern

Wk.	TAP THEME WEEK DESCRIPTIONS
1.	<b>SCHOOL IS OUT FOR SUMMER!</b> Summer is finally here, so let's get ready for some fun and games as we head to Appleton's premiere entertainment center Badger Sports. From batting cages, to laser tag, to go-carts, to mini golf, let's kick off summer right!
2.	<b>LIVE ON THE WILD SIDE!</b> Lions and tigers oh my! Ready for your very own safari? We hope so as we visit the Milwaukee Zoo for a day of adventure. We will explore the habitats of mammals, amphibians, reptiles and so much more!
3.	<b>FLY BALL!</b> Hey batter, batter-swing! Get your baseball glove ready as we head to Fox Cities Stadium to cheer on our very own Timber Rattlers as they battle South Bend. Let's hope for a victory as we enjoy a day of America's favorite pastime, baseball!
4.	<b>POLAR PLUNGE</b> Wet and wild fun awaits you at Green Bay's very own Tundra Lodge with their many slides, lazy river and awesome arcade! But first, we will "strike up" some friendly bowling competition at Ashwaubenon Bowling Lanes, so be sure to bring your best game today!
5.	<b>THRILLS OF ALL SORTS!</b> Did someone say Six Flags? That's right...this week we will be heading to Great America in Gurnee, IL. for some thrills of a lifetime! There's something for everyone to enjoy in this massive amusement park from roller coasters to rides of all sorts! Lasting memories will be made this week.
6.	<b>DROP ZONE</b> Take a "Leap of Faith" and join us at Urban Air Adventure Park in Appleton, WI. for climbing walls, trampoline dodgeball, flash pads and a rope course just to mention a few of the highlights in this jam packed place! Test your physical stamina all week!
7.	<b>POINT OF NO RETURN</b> Dive on in, as we visit Wisconsin's largest waterpark Noah's Ark! Water rides and slides galore, this place has it all. Float with us on the lazy river, as nobody will stay dry this week!
8.	<b>MISSION IMPOSSIBLE</b> Test your tactical skills in the 13,000 square foot arena of Urban Battlefield. Teams will compete against each other in ultimate laser tag and only one team will emerge victorious! Do you have what it takes to bring home the gold?
9.	<b>HIGH TIDE</b> Get ready to body surf the waves of Lake Michigan as we visit Neshotah Beach in Two Rivers, WI. for some fun in the sun! We will play some beach volleyball and build sand castles on this gorgeous beach destination. A delicious cookout will also be enjoyed by all!
10.	<b>CANNON BALL!</b> You will be flipping and flopping this week as we visit Quarry Beach Adventure Park in Sheboygan, WI. and it's gigantic inflatables! Get ready to get soaked everyone! This summer send-off will not disappoint.

\*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 12 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 12, 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, 235 N Jefferson St, Green Bay, WI 54301 • For Information call: 920.436.9675

# 2024 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 17-21) your draft for this week will occur on Monday, June 17).

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

(Example: Weeks of June 12, 17, 24 will be drafted in June. Weeks of July 1, 8, 15, 22, and 29 will be drafted in July. Weeks of August 5 and 12 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 ( \_\_\_\_\_ 1<sup>st</sup> or \_\_\_\_\_ 15<sup>th</sup>)

**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: \_\_\_\_\_

A 3% fee will be applied to all debit/credit card transactions. This fee does not apply to cash, check, or ACH/EFT payments.

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.

- A. I understand my payment will continue until my scheduled payments are completed.
- B. 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 25<sup>th</sup> of the month prior. Notification for accounts drafting on the 15<sup>th</sup> must be in by the 10<sup>th</sup> of the month.
- C. 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. **Atwo-week advance written notice must be given prior to withdrawing from a program.**
- B. Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
- C. 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.
- D. 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.**

