



# TEEN ADVENTURE PROGRAM (TAP)

Location: Danz Elementary School

# 2026 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 6/10/26	Grade Sept. 2026	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 10 - June 12 (3 days)	Race Into Summer	\$15	6 <input type="checkbox"/> July 13 - July 17	Roaring Rapids	\$40
2 <input type="checkbox"/> June 15 - June 19	Age of Discovery	\$25	7 <input type="checkbox"/> July 20 - July 24	Congo Bongo Dude	\$30
3 <input type="checkbox"/> June 22 - June 26	Soaring to New Heights	\$25	8 <input type="checkbox"/> July 27 - July 31	Tag Ur It	\$30
4 <input type="checkbox"/> June 29 - July 3	Vertical Velocity	\$55	9 <input type="checkbox"/> Aug. 3 - Aug. 7	Flip, Flop, Splash	\$40
5 <input type="checkbox"/> July 6 - July 10	The Great Outdoors	\$15	10 <input type="checkbox"/> Aug. 10 - Aug. 14	Waves for Days	\$5
			11 <input type="checkbox"/> Aug. 17 - Aug. 19 (3 days)	Lazy Daze of Summer	\$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.	Take a trip with us to <b>Badger Sports</b> , northeast Wisconsin's premier family entertainment center. Race the go-carts, have a blast with laser tag, play a round of mini golf, or take a swing in the batting cage....just to mention a few of the fun activities this place has to offer!
2.	Explore the world as we head down to Milwaukee's own <b>Discovery World</b> ! This hands on science and technology museum has interactive exhibits, the Reiman Aquarium, learning labs and the tall ship Denis Sullivan. In the afternoon we will venture to <b>Wheel Fun Rentals</b> to sail the giant swan paddle boats on a real life scavenger hunt in Veterans Park.
3.	Join us as we bounce on to <b>Urban Air Adventure</b> in Appleton, WI for some flip flopping fun! Climbing walls, trampoline dodgeball, flash pads and rope courses await you here! So, get ready to reach some new heights!
4	Are you ready for some chills and thrills? <b>Great America</b> in Gurnee, IL will provide these for sure! Enjoy the variety of amusement park rides this place has to offer, from rollercoasters to the wet and wild water rides. There is truly something for everyone to enjoy!
5.	Smores anyone? Enjoy the beautiful nature as we hike up to Green Bay YMCA's <b>Camp U-Nah-Li-Ya</b> for some outdoor adventure! We will explore all what Camp Uni has to offer from fishing to swimming to canoeing and so much more!
6.	Get ready to test your skills at paddling your very own kayak down the Peshtigo River as we travel to <b>Wildman Adventure Resort</b> . Teens will have their very own inflatable kayak to maneuver, while learning the skills of successfully paddling down whitewater rapids. Nobody will stay dry this week!
7.	Slide down to Wisconsin Dell's very own <b>Noah's Ark</b> for some wet and wild fun! From wave pools, to a water coaster, to two lazy rivers to relax in, this park has it all! Get ready to get soaked and have some fun in the sun!
8.	Put your game face on as we head to <b>Urban Battlefield</b> for a tactical game of laser tag! This massive 13,000 square foot arena offers an array of twists and turns to escape your competition. We will have fun all morning battling to claim sole survivor!
9.	Get ready to be catapulted off some gigantic inflatables as we visit <b>Fondy Aqua Park</b> in Fond du lac, WI. This water park has slides, climbs, trampoline, bridge, scaling peaks, balance beam, wall climb, tower jump, trapeze, and the LAUNCHER!
10.	Enjoy a day of riding the big waves of Lake Michigan as we visit <b>Neshotah Beach</b> in Two Rivers, WI. No wave is too small to ride out! Bring your boogie boards and let's get this beach party started. A delicious cookout lunch will be prepared for you to complete this day of fun!
11.	As we skate into the school year, we will visit <b>Skate City</b> in Kimberly WI to show off our skating and dance moves. We will then travel in the afternoon to <b>Pollack Water Park</b> to enjoy their slides and lazy river while we reminisce of this past summer!

**\*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 physician/medical facility: _____ Name: _____ Address: _____ Phone: _____ Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Physical Handicaps  <input type="checkbox"/> Heart Problems  <input type="checkbox"/> Asthma  <input type="checkbox"/> Sensitivity to Sun  <input type="checkbox"/> Other problems, please describe: _____               </div> <div> <input type="checkbox"/> ADD/ADHD  <input type="checkbox"/> Non-Food Allergies  <input type="checkbox"/> Food Allergies  <input type="checkbox"/> Serious Illness               </div> <div> <input type="checkbox"/> Diabetes  <input type="checkbox"/> Seizures               </div> </div> 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: _____	Child's Name: _____ Child's physician/medical facility: _____ Name: _____ Address: _____ Phone: _____ Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Physical Handicaps  <input type="checkbox"/> Heart Problems  <input type="checkbox"/> Asthma  <input type="checkbox"/> Sensitivity to Sun  <input type="checkbox"/> Other problems, please describe: _____               </div> <div> <input type="checkbox"/> ADD/ADHD  <input type="checkbox"/> Non-Food Allergies  <input type="checkbox"/> Food Allergies  <input type="checkbox"/> Serious Illness               </div> <div> <input type="checkbox"/> Diabetes  <input type="checkbox"/> Seizures               </div> </div> 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 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 10 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 10, 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**

# 2026 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.

Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 15-19) your draft for this week will occur on Monday, June 15).

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 10, 15, 22, 29 will be drafted in June. Weeks of July 6, 13, 20, 27 will be drafted in July. Weeks of August 3, 10, 17 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 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. **A two-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.**

