



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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RENAISSANCE POINTE

Camp P.L.U.G.

REGISTRATION PACKET

2023

NAME OF PARTICIPANT: _____

DATE OF COMPLETION & SUBMISSION: _____

DESIRED START DATE: _____

FOR OFFICE USE ONLY

Registration packet received on:

Received by:

Registration Packet Complete: YES NO



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REGISTRATION FORM

RENAISSANCE POINTE TEEN PROGRAMS Summer 2023 PARTICIPANT INFORMATION

LAST NAME: _____ FIRST NAME: _____

GRADE ENTERING: _____ AGE: _____ GENDER: M F RACE: _____ D.O.B: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

SCHOOL ATTENDING: _____ T-SHIRT SIZE: _____

PARENT/GUARDIAN INFORMATION (PRIMARY)

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL/WORK: _____

PARENT EMAIL: _____ MARITAL STATUS: SINGLE MARRIED DIVORCED

PARENT/GUARDIAN INFORMATION (SECONDARY)

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE NUMBER: _____ CELL/WORK: _____

PARENT EMAIL: _____

EMERGENCY CONTACT INFORMATION

LAST NAME: _____ FIRST NAME: _____

RELATION TO PARTICIPANT: _____ BEST CONTACT NUMBER: _____



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PARTICIPANT ACKNOWLEDGEMENT—BEHAVIORAL CODE OF CONDUCT (TO BE COMPLETED BY PARTICIPANT & PARENT)

RENAISSANCE POINTE TEEN PROGRAMS 2023-2024

* Participant signature required

The purpose of the Behavior Code of Conduct is to provide a safe, productive and fun environment that aligns with the mission and goals of the YMCA.

I, _____, as a participant in a teen program with the Renaissance Pointe YMCA, have carefully read the Parent & Participant Handbook and am fully aware of the Behavior Management Policy & Practices and understand the importance of taking responsibility for my actions.

As a member of any program, I am committing myself to fully engaging in all the activities that will be offered. By signing this document, I am agreeing to abide by all policies and procedures of the Renaissance Pointe YMCA. Should I choose not to abide by these policies and procedures, I understand that I may be asked to work with the Staff, Director and Parents to correct behavior and/or be dismissed from the program.

Participant

Date

Parent/Guardian Signature

Date

Director Signature

Date



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PHYSICAL HEALTH PARENTAL ACKNOWLEDGEMENT

RENAISSANCE POINTE TEEN PROGRAMS 2023-2024

This acknowledges that my child, _____, who in Teen Programs with the Renaissance Pointe YMCA is in good health.

Further, any health restrictions, allergies, medications taken by the child, or any other needs are in fact noted below and listed on the health information form. Immunization records or appropriate waivers are up to date and on file with my child's school.

Please use this space to provide any pertinent medical information for the Renaissance Pointe YMCA:

Parent/Guardian Signature

Date

Director Signature

Date

PARENTAL SIGN OUT CONSENT FORM

RENAISSANCE POINTE TEEN PROGRAMS 2023-2024

PARTICIPANT PICK-UP

All participants are expected to be picked up by the designated end time of the program. Exceptions in specific cases can apply (see PARTICIPANT SELF-SIGN OUT). If the parent or authorized pick up needs to

pick up a participant before the end of a program, we ask that you enter the building to sign out your child.

Date

PARTICIPANT SELF SIGN OUT

Teens who are YMCA Members are eligible to sign themselves out after the program they have participated in has concluded, upon consent by the parent/guardian. Once a teen has signed his or herself out, they are expected to engage as a regular member inside the building until pick-up by the parent/guardian.

As the parent/guardian of the participant, my teen has my permission to sign themselves out of the program they are participating in. I release the Renaissance Pointe YMCA from any responsibility related to my teen. I understand that when my teen signs his or herself out, I am taking full responsibility for their actions from that point on. I understand that disregarding the terms outlined herein may result in the dismissal of my teen from all teen programs at Renaissance Pointe.

Parent Signature

Date



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PERMISSION & HEALTH FORM RENAISSANCE PONTE TEEN PROGRAMS 2023-2024

LAST NAME: _____
FIRST NAME: _____
DATE OF BIRTH: ____/____/____

SECTION 1: CONTACT INFORMATION

Primary Parent Guardian: _____
Home Address: _____
Home Phone: _____
Work/Cell: _____
Employer: _____
Employer Address: _____
Employer Phone: _____
Daily Work Times: _____

Secondary Parent Guardian: _____
Home Address: _____
Home Phone: _____
Work/Cell: _____
Employer: _____
Employer Address: _____
Employer Phone: _____
Daily Work Times: _____

Emergency Contact information:

Name: _____ Home Phone: _____ Work/Cell: _____
Relationship: _____ Address: _____

SECTION 2: AUTHORIZATIONS (MUST BE COMPLETED TO PARTICIPATE)

Field Trip Permission: I give permission for my child to go on any field trips supervised by any of the Teen Program Offerings. I understand that some trips consist of short walks to nearby locations as well as extended trips within Allen County. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature _____ Date _____

Photography and Recording Permission: I hereby irrevocably release, consent and allow the Renaissance Pointe YMCA and its agents to use and reproduce any and all photographs or video footage taken of me or my dependent(s) for Renaissance Pointe YMCA purposes. I understand that I/my dependent(s) receive no reimbursement for allowing my photo to be taken or for the use of the photo or video.

Parent/Guardian Signature _____ Date _____

Liability: I understand the physical activities, which my child may participate in at the YMCA, include, but may not be limited to: swimming, mountain biking, and playing sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

Parent/Guardian Signature _____ Date _____

Swimming: I give permission for my child to swim during planned trips to the pool. A lifeguard will always be present when my child swims during a YMCA program.

Parent/Guardian Signature _____ Date _____



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SECTION 3: MEDICATION (All medications must be sent in original containers)

The participant takes the following routine medications (including over-the-counter/non-prescription medications)

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "12 pills")	Prescribing Physician	Reason for taking	Other instructions

The participant takes the following medications AS NEEDED (includes inhalers, epi-pens, oral medications, topical medications or skin medications)

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "12 pills")	Prescribing Physician	Reason for taking	Other instructions

SECTION 4: ALLERGIES/DIETARY RESTRICTIONS (To medicine, food, insect bites, etc.):

Allergy	Reaction	Management of Reaction

SECTION 5: PARTICIPANT’S HEALTH CARE PROVIDER

Name of preferred hospital in event of emergency:

Primary Care Physician or Health Clinic: _____

Address: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

SECTION 6: PERMISSION TO TREAT (REQUIRED FOR PARTICIPATION)

I give permission to Teen Programs Staff to provide routine health care, dispense medications and secure emergency medical and/or emergency surgical treatment to my child while in care.

Parent/Guardian Signature _____ Date _____