

# Program Registration

# MIDDLE



# SCHOOL

# INITIATIVE

For 5-8<sup>th</sup> graders



Date \_\_\_ / \_\_\_ / \_\_\_\_\_

**PLEASE PRINT NEATLY**

**Student Name** \_\_\_\_\_

Grade \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_\_\_ School \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Text OK if cell phone?      Yes    No                      Emails go to cell phone?      Yes    No

Emergency Contact (Name & Phone #) \_\_\_\_\_

**Session Enrolling** (check one)

\_\_\_\_\_ Fall 1 (Sept 15 - Oct 23)

\_\_\_\_\_ Fall 2 (Oct 27 - Dec 4)

\_\_\_\_\_ Winter 1 (Jan 5 - Feb 12)

\_\_\_\_\_ Winter 2 (Feb 16 - Mar 26)

\_\_\_\_\_ Spring 1 (Mar 30 - May 7)

Please list any special needs, concerns or medical information of which YMCA staff should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For office use ONLY	___/___ # ___	Facility Tour	___/___ _____	Cybox Pre-Orientation	___/___ _____
Asset Survey	___/___ _____	Nutrition Survey	___/___ _____	Cybox Papers	___/___ _____
4 Core Values	___/___ _____	Drug/Alcohol	___/___ _____	Relationships	___/___ _____
Bully/Wt Manage	___/___ _____	Water/Sports Safety	___/___ _____	Exercise/Cycling	___/___ _____
Other Programs	1. _____ / _____		2. _____ / _____		
Notes:					

# Letter of Agreement

# MIDDLE



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**Student Name**

\_\_\_\_\_



Offered at the DuBois Area YMCA, the Middle School Initiative is designed to inspire youth to discover their passions, to seek a healthy lifestyle and to gain the developmental assets needed to avoid risky behaviors as they pursue success in school and life.

**A participant in the Middle School Initiative must agree to and complete the following objectives:**

1. Complete a facility tour and equipment orientation
2. Take a pre & post developmental asset survey and nutritional assessment
3. Attend the following sessions **within** a 6-week session
  - Y 4 Core Values/Civic Duties      - Drug & Alcohol Awareness      - Healthy Relationships
  - Bullying/Weight Management      - Exercise/Indoor Cycling      - Water or Sports Safety
4. Attend a minimum of two other after school programs offered **during** the 6-week session enrolled in.
5. Make sure their attendance to sessions and programs are verified and recorded by staff signature on their MSI checklist.

I, the **student** (print) \_\_\_\_\_ , fully understand and agree to the above mentioned objective and policies in the Middle School Initiative Program Flyer set forth by the DuBois Area YMCA. If I fulfill the requirements within this agreement I will then receive a youth membership for an additional 46 weeks. If I fail to comply my youth membership and enrollment in the Middle School Initiative may be discontinued immediately.

I, the **parent/guardian** (print) \_\_\_\_\_ , grant permission to my child to enroll in the Middle School Initiative program and will support my child's attendance and involvement. I also allow the DuBois Area YMCA to use my and/or my child's name, picture or voice for the purposes of advertising, publicity and sales promotion.

## **BOTH STUDENT AND PARENT SHOULD SIGN BELOW**

**Student** Signature \_\_\_\_\_ Date \_\_\_\_\_

**Parent** Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA Staff** Signature \_\_\_\_\_ Date \_\_\_\_\_