Program Registration

MIDDLE



Date	/	/	

2023-24

SCHOOL INITIATIVE

PLEASE PRINT NEATLY

For 5-8th graders

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)		
2023	2024	
Fall 1 (Sept 11-Oct 20)	Winter 1 (Jan 2 - Feb 9)	
Fall 2 (Oct 22 - Dec 1)	Winter 2 (Feb 12 - Mar 22)	
	Spring 1 (Mar 25 - May 3)	
Please list any special needs, concerns or medi	cal information of which YMCA staff should know:	
For office use ONLY/_ # Facility Tour	/ Cybex Pre-Orientation/	
Asset Survey/ Nutrition Surve	rey/ Cybex Papers/	
4 Core Values/ Drug/Alcohol	/ Relationships/	
Bullying/ Water Safety	/ Exercise/Wt Manage/	

Letter of Agreement

MIDDLE SCHOOL INITIATIVE For 5-8th graders

Student Name

		For 5-8 th graders
Offered at the DuBois Area YMCA, the Middle Schoo their passions, to seek a healthy lifestyle and to gai behaviors as they pursue success in school and life.	n the developmental asse	•

o avoid risky A participant in the Middle School Initiative must agree to and complete the following objectives: 1. Complete a facility tour and preliminary equipment orientation 2. Take a developmental asset/nutritional assessment survey 3. Attend the following presentations within a 6-week session (Presentation topics subject to change) - YMCA 4 Core Values - Drug & Alcohol Awareness - Relationships - Bullying - Exercise/Weight Management - Water Safety 4. Record and verify by staff signature their attendance to sessions and programs 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 a year. I, the parent/guardian (print) ___ ___, grant permission to my child to enroll in the Middle School Iniative 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