



YMCA Texas Model United Nations 2017-18 PROGRAM REGISTRATION

Affiliated YMCA:		Region: <i>(Austin, Dallas, Fort Worth, Houston, Midland, Other)</i>	
PARTICIPANT INFORMATION – Please fill out all fields			
First Name:	Gender:	Select One: <input type="checkbox"/> Student Adult Volunteer <input type="checkbox"/> Adult Volunteer	
Last Name:			
Home Phone:	Address	Birthdate:	Select One: <input type="checkbox"/> New Participant <input type="checkbox"/> Returning Participant
Mobile Phone:	City	Years of participation in YMCA MUN? _____	
	Zip		
Email:		I give consent to be contacted by email or text: <input type="checkbox"/> Yes <input type="checkbox"/> No	
School:		If student, indicate your grade <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
Select: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander			
Meal: <input type="checkbox"/> No specific diet <input type="checkbox"/> Gluten Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Pork Free		Shirt Size: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	
MEDICAL/ALLERGIES/DIVERSE ABILITY NEEDS: List all medical conditions, allergies and/or daily medications or diverse ability needs we need to be aware of. If you do not have any, indicate in the space (NONE):			
STUDENT INFORMATION		ALL PARTICIPANTS MUST FILL OUT BOTH CONTACTS BELOW.	
Parent/Guardian #1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian #2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:		Emergency Contact #1 Relationship – Select one: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Family <input type="checkbox"/> Family Friend	
Email:		Name:	
Home Phone:		Phone:	
Address		Emergency Contact #2 Relationship – Select one: <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Other Family <input type="checkbox"/> Family Friend	
Mobile Phone:			
City			
Zip		Name:	
		Phone:	
PLEASE READ AND SIGN BELOW			
<p>AUTHORIZATION and ACKNOWLEDGMENT: By my signature and of my free will I assume all risks and hazards incidental to this program/event. I do further release, absolve, indemnify and hold harmless, now and for all time, YMCA of Metropolitan Dallas, the sponsoring YMCA, the organizers, sponsors, supervisors, volunteers and their agents, board of directors, representatives or assignees (collectively "The Parties"). I hereby waive all claims, now and for all time, against the Parties, for any injury to myself/my child any loss due to theft of or damage to his/her personal property or for any other consequential or incidental damages caused in any manner whatsoever where any such liability is attributable to the absence of ordinary or even slight care by the program/event organizers and the conduct of this program/event. The YMCA is hereby granted permission to use any individual or group photographs and/or videotapes showing me/my child in YMCA activities for use in public relations, promotional or advertising purposes. The YMCA has my permission to transport me/my child to, from, and during YMCA sponsored events/activities. In the event I cannot be reached or unable to make arrangements for emergency medical attention, I authorize the YMCA staff to take me/my child to the nearest hospital/clinic for treatment or to the one below:</p> <p>Physician/Hospital/Clinic: _____ Address _____ Phone# _____</p> <p>I give consent for all necessary treatment for myself/my child when in the care of this physician and/or hospital/clinic.</p> <p>Signature of Legal Guardian/Adult Participant, if 18 or over _____ Date _____</p>			



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CODE OF CONDUCT YOUTH & ADULTS

As a member of a YMCA sponsored program and in conformity with the basic purpose of the YMCA, I agree with and will observe the following principles as my personal code of conduct while attending any of the YMCA sponsored events.

Please read and initial:

- _____ I understand that violations of the Code of Conduct will result in disciplinary actions by YMCA Staff and/or appropriate legal authority depending on seriousness of the infraction (i.e. drugs, alcohol, shoplifting, etc.).
- _____ Disciplinary actions may also include expulsion from the program and being sent home at your own expense.
- _____ I will conduct myself at all times in a way, which reflects good conduct and sense of responsibility, remembering the YMCA values: respect, responsibility, caring and honesty.
- _____ If I create Social Media sites OR post to Social Media sites that reference YMCA and/or Youth & Government, I agree to follow the same YMCA values as stated above. Any form of bullying, including Cyber Bullying will not be tolerated.
- _____ Rest is most important to maximum participation; therefore, it is important that I observe all curfews on overnight events/conferences.
- _____ The use and/or possession of alcohol, firearms, tobacco, or illegal drugs are against all standards implied in our principles are prohibited. Therefore, I agree not to bring, obtain, possess or use them en-route to, during, or returning home from the Conference/event.
- _____ I agree to help all delegates, regardless of race, gender, religion, national origin or disability, to feel welcome and to protect their rights to full participation.
- _____ I agree to avoid violations and violators. While not always fair, I could be held accountable for the actions of those I am with -- often referred to as "guilt by association".
- _____ In order to complete our agendas, I will be present and punctual at all meetings/events. Any exceptions should be cleared and documented with my Advisor, YMCA Staff and/or District Director in advance of the Conference.
- _____ My greatest respect will be given to the facilities that we use for our program.
- _____ I will not visit in other delegates' lodging rooms. Visiting will be done in the Lobby/common area only.
- _____ An adult cannot enter a student's room by themselves. Adult must have another authorized adult with them in order to go in to a room that requires the need to enter it.
- _____ For emergencies only, when getting an ambulance or a YMCA authorized vehicle is not an option: Authorized adult may transport delegate in personal vehicle only if another authorized adult is in the car AND prior approval has been obtained from guardian, District Director and/or State Director. I understand that the driver's personal vehicle insurance will be used in case of an accident. YMCA Risk Management Department must be notified.
- _____ I will abide by the set Dress Codes for any YMCA YG meetings/events/conferences.
- _____ I will abide by the Pre-Conference Handbook and Delegate handbook.
- _____ I understand that any violation of the above can result in suspension or expulsion from the program. No refunds will be made.

Behavior Policy Statement

The YMCA reserves the right to warn, suspend, dismiss or remove any program participant or member from our programs, program locations and facilities upon the following conditions:

- If their behavior poses a threat to themselves or others.
- If they require an inordinate amount of attention from the staff, thereby causing inadequate levels of supervision for the remainder of the participants or members.
- If their behavior is determined to be inappropriate within the scope and spirit of the YMCA values.
- For any reason within the discretion of YMCA management.

If your teen is removed from the program for any of the above reasons, you must retrieve your teen at your expense.

DELEGATE NAME AND SIGNATURE

Print Name: _____

Signature _____

Date _____

PARENT/GUARDIAN NAME AND SIGNATURE

Print Name: _____

Signature _____

Date _____