



First Name: _____ Last Name: _____ Preferred Name: _____

School: _____ Gender: _____ Birthday: ___/___/___ Phone Number: ___-___-___

Address: _____ City: _____ State: ___ Zip: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship: _____ Phone Number: ___-___-___

Name: _____ Relationship: _____ Phone Number: ___-___-___

EMERGENCY CONTACTS (If a parent/guardian is not available in case of emergency)

Name: _____ Relationship: _____ Phone Number: ___-___-___

Name: _____ Relationship: _____ Phone Number: ___-___-___

STUDENT MEDICAL INFORMATION

Name of Physician: _____ Office Phone: ___-___-___

Medical Concerns (Allergies, Illnesses, Injuries, Operations, etc.): _____

Dietary Restrictions (food allergies, gluten free, vegetarian/vegan, etc.): _____

Currently Prescribed Medication(s): _____

Medical Insurance? Yes ___ No ___ Carrier: _____ Policy/Group # _____

PARENT/GUARDIAN RELEASE & AUTHORIZATION

I hereby grant permission for the above named student to participate in this activity, and understand all precautions will be taken to ensure the safety of my child. In the event that my child is found in violation of the code of conduct I understand that I will be responsible for the costs of transporting my child home from the location of the activities. In the event Y-Staff determine it necessary, I agree to come to the activity location to pick-up my child.

I grant permission for media taken during events hosted by the Y and Arkansas YMCA Youth and Government to be used in the archiving and promotion of the programs.

Permission is granted for YMCA advisors/Assembly staff/volunteers to administer first aid. In the event my child suffers any illness or accident requiring emergency treatment while involved in any YMCA activity, I hereby give my permission for any necessary hospitalization, medication or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me except where covered by board accident policy.

I also release the local YMCA, Arkansas YMCA Youth and Government, its staff and volunteers of all liabilities arising out of these activities. In the event of sickness or accident, I waive all claims against volunteers, staff, YMCA Operations Board of Directors or operators of the YMCA or its agents that may arise from participation in the activities of the YMCA.

I understand that fees are non-refundable. In the case of extenuating circumstances, a portion of payment may be refunded by YMCA Youth and Government based upon written request from the student, parent, or advisor.

I HAVE READ THE ABOVE STATEMENTS IN THEIR ENTIRITY AND AGREE TO COMPLY.

Delegate Name: _____ **Signature:** _____ **Date:** _____

Parent Name: _____ **Signature:** _____ **Date:** _____

DELEGATE CODE OF CONDUCT

The purpose of this code is to identify personal behavior that is consistent with the mission of the Arkansas YMCA Youth and Government program. Students sent home for violations would be at the expense of a parent/guardian.

Violations are to be brought to the attention of Y-Staff. Delegates in violation are subject to disciplinary actions at the discretion of advisors and Y-Staff including but not limited to: calls to guardian(s); incident report filed; sent home; school policies implemented. If state/federal law is broken, Y-Staff will notify law enforcement and guardian(s) and delegates will be sent home. Y-Staff reserves the right to alter disciplinary actions as needed.

EXPECTATIONS OF DELEGATES

1. Delegates shall demonstrate respectful/responsible conduct before, during, and after all YMCA functions.
2. All delegates share the responsibility for their actions when violations are witnessed. Those present who do not act to remedy/report the violation shall be considered participants. There are no "innocent bystanders."
3. Delegates are legally and financially liable for removing, defacing, or willfully damaging public or private property. Vandalism, destruction of property, or misuse of facilities may be a crime and treated as such.
4. No delegate shall leave a YMCA function without the approval of advisor, guardian, and program director. Students must be signed out of the program by their approved parent/guardian.
5. Food, candy, and beverages other than water are not permitted in any meeting spaces. Delegates will abide by any rules put into place by Y-Staff at other locations.
6. Cell phones, music players, or other wireless communications should not be used during meetings or formal programming time. Delegates will abide by any rules put into place by Y-Staff at other locations.
7. The use of tobacco products, illegal drugs, alcoholic beverages, legal drugs without prescription, open flame, and the burning of incense is forbidden.
8. Delegates may not enter rooms other than those assigned by Y-Staff.
9. Physical intimacy between participants is inappropriate at all times.
10. Delegates will wear their OWN Name Tags visibly around the neck at all times.
11. Unless there is a fire, delegates will not pull the fire alarm. Pulling a fire alarm is a serious offense, and offenders will be held financially and potentially criminally liable. Alarms summon the Fire Dept. and require evacuations.
12. Weapons of any kind and items that could cause injury/damage to participants/property are forbidden.

DRESS CODE: STATE ASSEMBLY

The Dress Code is designed to support our emphasis on professional development at State Assembly. Please refer to the delegate guide for more information on appropriate attire. Additionally, Name Tags must also be worn at all times:

Delegate Name: _____ **Signature:** _____ **Date:** _____

Parent Name: _____ **Signature:** _____ **Date:** _____