



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2020 YOUTH ADVOCATE PROGRAM AT NATIONAL ADVOCACY DAYS

PARTICIPANT FORMS

Congratulations on your selection into the 2020 Youth Advocate Program at the YMCA of the USA's National Advocacy Days! You have been selected for your enthusiasm, engagement, maturity and passion for advocacy and we look forward to seeing you in Washington, DC March 2-5, 2020!

To complete your registration for the 2020 Youth Advocate Program, please fill out all of the forms included in this document and send the signed forms to YMCA of the USA by **scanning and emailing** them to youthadvocate@ymca.net by 5:00 pm EST on November 22, 2019.

IMPORTANT: You are not fully registered until all participant forms have been completed and submitted to YMCA of the USA. Note: Forms and signatures are necessary for all Youth Advocates, including those who are, or will be, 18 years of age by March 2020.

DEADLINES: All participant forms must be signed and submitted by 5:00 pm EST on November 22, 2019. Travel Itinerary (Form D) must be completed online by 5:00 pm EST on February 17, 2020.

CHECKLIST:

Due November 22, 2019

- Form A:** Parent/Guardian Permission Form
- Form B:** National Advocacy Days Release Form (3 Pages: Photo/Video, Emergency and Travel)
- Form C:** Youth Advocate Policies & Behavior Guidelines

Due February 17, 2020

- Form D:** Travel Itinerary – **ONLINE** [here](#).

DO NOT email photos of your completed forms. If you need assistance scanning or emailing your forms, please ask your school, parent(s) or local YMCA for assistance.

FORM A: PARENT/GUARDIAN PERMISSION FORM

Student Information:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Gender: ____ DOB: _____ Grade: ____ High School: _____

Parent/Guardian Information:

Full Name: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Information (if parent/guardian cannot be reached):

Name: _____ Relationship: _____

Work Place: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Restrictions/Accommodations:

Dietary restrictions: _____

ADA/special needs: _____

I hereby grant permission for the above named student to participate in the 2020 Youth Advocate Program at National Advocacy Days. In the event that my child is found in violation of the policies and guidelines, I understand that I will be responsible for the costs of transporting my child home from the location of the activities. In the event where it is determined necessary by program leadership, I agree to make arrangements (approved by leadership) to have my child picked-up from the Youth Advocate Program location.

I also release the YMCA of the USA, 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 arise from participation in YMCA activities. I HAVE READ THE ABOVE STATEMENTS IN THEIR ENTIRETY AND AGREE TO COMPLY.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

We have read the CONFERENCE POLICIES AND BEHAVIOR GUIDELINES that are included in this packet. My Child and I are aware and understand that the disregard of any part of these policies and guidelines shall have bearing on their status as a delegate of the Youth Advocate Program, and if determined appropriate by YMCA of the USA, their actions may result in being sent home at their own expense.

Youth Advocate Signature

Date

Youth Advocate Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

FORM B: NATIONAL ADVOCACY DAYS RELEASE FORM (1 OF 3)

Part I. Photo/Video

For my participation in the National Advocacy Days (the "Event") to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of the USA and third parties collaborating with the YMCA of the USA (hereafter "the Parties") to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the Event, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree now and for all time that any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience at the Event:

Shall belong to the Parties;

Will not be subject to any obligation of confidentiality and may be shared with and used by the Parties;

The Parties shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

The Parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge the Parties from any and all claims in connection with the uses and reproductions of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Youth Advocate Signature

Date

Youth Advocate Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

FORM B: NATIONAL ADVOCACY DAYS RELEASE FORM (2 OF 3)

Part II. Emergency (minor)

Student's Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Information for Medical Treatment:

Physician's Name and Location of Practice: _____

Physician's Phone number (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

Please note anything else we should be aware of: _____

Emergency Contacts:

In the event of an emergency, please notify:

1. Name: _____ Relationship: _____

Phone: _____ Cell: _____

2. Name: _____ Relationship: _____

Phone: _____ Cell: _____

I hereby give permission to the physician selected by YMCA OF THE USA and/or the Youth Advocate Program Chaperones to order X-rays, routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above on this form. I understand that my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of YMCA of the USA and/or the Youth Advocate Program staff in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I also release now and forever the YMCA of the USA, its affiliates, subsidiaries, agencies, judges, and each of their respective shareholders, directors, officers, employees or representatives, staff and volunteers of all liabilities, now or forever, arising out of these activities waive all claims against the aforementioned in the event of sickness and/or an accident that may arise from participation in the activities of the YMCA

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

FORM B: NATIONAL ADVOCACY DAYS RELEASE FORM (3 OF 3)

Part III. Transportation (Minor)

I hereby grant the YMCA permission to transport my child via air and/or ground transportation to Washington, DC/Arlington, VA and reside at the Renaissance Hotel Downtown Washington for the Event. The expected date of return is March 5, 2020. While in DC, I also grant permission for my child to travel to and from Capitol Hill accompanied by members of his/her state delegation for meetings associated with National Advocacy Days.

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I am the Mother/Father/Legal Guardian of _____ (child's name).
For the consideration contained herein, I hereby consent to the entirety of this Release on behalf of my minor child.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship

FORM C: YOUTH ADVOCATE POLICIES & BEHAVIOR GUIDELINES

The policies and guidelines listed below are based upon the desire to create a healthy, safe, and professional environment for the Youth Advocate Program at National Advocacy Days. Your signature and participation indicates personal acceptance of these policies and guidelines.

As a Youth Advocate, I understand that disregard of any part of these guidelines and policies shall have bearing on my status as a delegate and may result in the relinquishment of the opportunities afforded me by my home Youth and Government program, and that I will be sent home at my own expense.

1. I am committed to following all policies and procedures outlined by my state's Youth and Government program and understand that I must remain a delegate in good standing in my state to remain a Youth Advocate at National Advocacy Days.
2. I am aware and understand that the intent of this conference is to provide participants with exposure to national policymaking, YMCA of the USA advocacy efforts, program alumni, public policy career tracks, and to create an advocacy learning experience aligned with the Y's three areas of impact (Healthy Living, Youth Development, and Social Responsibility).
3. I am committed to being a part of this experience and will take advantage of the up close and personal education in how governmental policies are made at the federal level, as well as gain insight into the concept of servant leadership.
4. I am aware and understand that this experience is unique to my position as Youth Advocate and am ready for the experience of a lifetime.
5. I am aware and understand that YMCA of the USA and Youth Advocate Program staff expect Youth Advocates to make an enthusiastic commitment of full conference participation, which includes activities, discussion groups, workshops, and Congressional Hill visits.
6. I am aware and understand that the possession of alcohol, illegal drugs or firearms will result in me being sent home immediately at my own expense.
7. I am aware and understand that the Youth Advocate Program at National Advocacy Days is a tobacco-free conference. Any tobacco use (including e-cigarettes and vaping products) is prohibited at all times, and will not be permitted at any conference activity, including activities outside of the conference hotel.
8. I am aware that the only individuals allowed in my hotel room are my Youth Advocate roommates, as assigned by YMCA of the USA. No other individuals are allowed in my room unless accompanied by YMCA staff for safety/emergency reasons only.
9. I am aware and understand that all curfews as stated within the conference schedule are NON-NEGOTIABLE. All program participants are required to have adequate rest during their participation at the conference. For this reason, program participants are required to be in their own hotel room by curfew and quiet by 11:00 p.m.
10. I am committed to being alert with adequate sleep during each day of the Youth Advocate Program at National Advocacy Days. Dozing off during speaker presentations or workshop sessions is not acceptable and may result in being removed from activities.

11. I am aware and understand that during the course of conference activities and events, Youth Advocate Program participants are not permitted to wander from the main group for timeliness and safety.
12. I am aware and understand that Youth Advocate Program participants are expected to model behavior of a young professional and demonstrate a supportive and positive attitude at all times.
13. I am aware and understand that YMCA of the USA will not tolerate any behavior that is classified under the definition of bullying – aggressive behavior that is intentional, is repeated over time, and involves an imbalance of power or strength. Bullying can take on various forms, including: physical, verbal, nonverbal or relational, cyber, or sexualized bullying, or hazing.
14. I am aware and understand that the disregard of any part of these policies and guidelines shall have bearing on my status as a Youth Advocate Program participant, and if determined appropriate by Youth Advocate Program Leadership, my actions may result in being sent home at my own expense.
15. I am aware that “three is key” and I should not ever be one-on-one with any adult at any time. I am aware that I should always be with at least two other people (student or adult).

Youth Advocate Signature

Date

Youth Advocate Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Relationship