



YOUTH INSTITUTE APPLICATION SCHOOL YEAR 2023 - 2024

(Turn in at YMCA Membership Desk, Youth Institute, or scan and email to rcymedia@gmail.com)

GENERAL INFORMATION

TEEN'S NAME _____ NAME LIKE TO BE CALLED _____
FIRST LAST

BIOLOGICAL SEX: M ___ F ___ AGE ___ BIRTHDAY ___ / ___ / ___
ETHNICITY _____

TEEN'S CELL PHONE (Optional) (____) _____ OKAY TO TEXT CELL PHONES? Y N

TEEN'S EMAIL (Optional) _____

PRIMARY PHONE TO CONTACT FAMILY (____) _____

HOME ADDRESS _____ CITY _____ ZIP _____

IN FALL 2024, What school and grade for teen: SCHOOL _____ GRADE _____

MAIN FORM OF TRANSPORTATION TO YI? _____

1st PARENT'S/GUARDIAN'S NAME _____ PHONE: (____) _____

2nd PARENT'S/GUARDIAN'S NAME _____ PHONE: (____) _____

PRIMAY EMAIL FOR FAMILY _____

TEEN LIVES WITH _____

NON-PARENT EMERGENCY CONTACT _____ PHONE (____) _____

PARENT / GUARDIAN PERMISSION STATEMENT

I, _____ give my son / daughter _____
Parent/ Guardian Teen's Name

permission to participate in the YMCA Youth Institute, an after school program Monday-Friday from 3: 00-6:00. I understand that my child needs to be a YMCA member in order to attend this program. I understand that frequent attendance is crucial to my child's success in the program. I understand that my child is in good health and able to participate in all activities. I understand that my child will be under direct adult supervision at all times. I understand that my child may be suspended or terminated from the Youth Institute for violating any rules or the Code of Conduct. I understand that the YMCA is not responsible for any lost, damaged or stolen personal articles that my child may bring to the program. I give my permission for responsible adult leaders to seek out any necessary medical care for my child in the event of an emergency and I cannot be reached. I authorize the YMCA to have and use photographs, slides, and video of the person named on this application as may be needed for its public relations program. I agree to waive any claims against the YMCA and its members, volunteers, and consultants for injuries or damages that may result from the conduct of other participants in this program.

Parent / Guardian Signature _____ Date _____



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QUESTIONNAIRE

(TO BE WRITTEN AND COMPLETED BY TEENS ONLY)

Teens, answer each question as honestly as possible:

1. Describe yourself, interests, family, and background:

2. What personal obstacles and challenges have you faced in your life that might qualify you for this program?



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3. What activities/sports/clubs/groups have you participated in?

4. Why do you want to be a part of the Youth Institute?

5. What do you expect and hope for out of the Youth Institute?



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6. How did you hear about the Youth Institute?

7. Were you referred to the Youth Institute by someone? If so, who? _____

8. Please attach your latest transcript or report card. *You do not have to get good grades to participate in this program.*

USE THIS EXTRA SPACE IF YOU NEED MORE SPACE TO WRITE



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YOUTH INSTITUTE'S CODE OF CONDUCT

- I understand the Youth Institute runs Monday-Friday 3:00-6:00. While regular attendance isn't required, it is encouraged for the most success within the program.
- I understand that I am expected to use appropriate language, am not allowed to smoke, chew tobacco, possess any smoking materials, possess alcoholic beverages or illicit drugs while a participant in the Youth Institute.
- I understand that possession of illegal weapons or firearms is immediate grounds for expulsion.
- I understand that I will be terminated immediately if I access any sexual content or hate websites while attending the Youth Institute or using their computers or Internet hookups.
- I understand that there is a dress code. No suggestive low cut halter-tops. No clothing with suggestive or derogatory logos. Casual dress is allowed.
- I understand that as a participant, I am encouraged to develop friendships with other members of the program, but displays of affection (hand-holding, kissing, excessive hugging, etc.) are NOT permitted at the Youth Institute. Violation of this may result in termination from the program.
- I understand that I may bring cell phones, tablets, video games, or other electronic devices to the Youth Institute for use during scheduled free time. Any devices (including cell phones) being used during inappropriate times can be confiscated by YI staff and returned at the end of the day.
- I understand that I may also be suspended or terminated for fighting, threatening, stealing, disrespecting any staff member's authority, or being disruptive to the learning environment of the Youth Institute.
- I understand that messing with or deleting another person's files on a computer is grounds for expulsion from the program.
- I understand that I may be terminated for not following any staff member's instructions while in the Youth Institute class.
- I understand that all of my personal belongings while attending the Youth Institute are my sole responsibility and that the YMCA is not responsible for damaged, stolen or lost possessions.
- I agree to attend the school year's Youth Institute program at a minimum of 22 days during the school year. (Required for those wanting to be part of future summers and gain higher rankings within YI)
- I understand that I am committed to helping YI with 10hrs of YI Projects between September 2023 and May 2024. (Required for those wanting to be part of future summers and gain higher rankings within YI)
- I understand that I will have the opportunity to help with Youth Institute's Perspective and other in-house projects as needed.

I have read and understand this Code of Conduct for the YMCA Youth Institute. I also understand that these are primarily the basic rules of participation. There are other rules that may apply. I will abide by all of the above regulations or may risk termination from the Youth Institute.

Teen's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

YMCA Youth Institute Parent Permission Slip

I, _____, give my son / daughter
Parent/Guardian's name

_____,
Participant's name

permission to participate in the YMCA Youth Institute Program from August 22nd 2023 to June 2nd, 2024. This may include retreats, field trips, and computer class time. I understand that in order for my teen to earn higher rankings within Youth Institute and be eligible for future summers, a guideline of 10 volunteer hours and at least 2 days of attendance a week during the school year are expected.

I understand that my teen may be suspended or terminated from the program for violating any rules or the Code of Conduct. I understand that the YMCA and Youth Institute is not responsible for any lost, damaged, or stolen personal articles that my teen may bring to the program.

Parent / Guardian Signature _____ Date _____

General YMCA Waiver

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly or indirectly as a result, and or participation in a YMCA program. I hereby expressly release, discharge, and hold harmless from any liability whatsoever the YMCA of Rapid City, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Rapid City, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only for me, but my heirs, administrators, executors, successors, and assigns.

I declare, for the minor/s, and myself that I/he/she/we am/is/are physically sound and medically approved to participate in activities of the YMCA.

Parent / Guardian Signature _____ Date _____

Child's Health Statement

I, the undersigned, understand that at the YMCA Youth Institute, physical activity is a regular part of the program. To the best of my knowledge my child is in excellent physical health and needs no restrictions (except what has been listed on the Health History form) from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the YMCA of any restrictions on my child's activities. I give the YMCA staff permission to authorize needed medical treatment from a qualified medical practitioner for my child in the event of an emergency and I cannot be reached. I understand that my child is expected to follow the YMCA Covid-19 policy & procedures while participating in Youth Institute.

Parent / Guardian Signature _____ Date _____

Transportation Release

I understand that my child enrolled in the YMCA Youth Institute will be transported to all places of field trips by bus and YMCA vehicles and will be under adult supervision at all times. I give permission for my child to be transported by bus and YMCA vehicles in accordance with YMCA policy and procedures to any and all events scheduled as part of the normal YMCA Youth Institute program. This includes any and all scheduled field trips, community service projects and the wilderness retreat, and includes field trips included within the Youth Institute School Year. I understand that my child may be required to wear a mask while in YMCA Vehicles or at YMCA programs according to YMCA Covid-19 policy and procedures at the time.

Parent / Guardian Signature _____ Date _____

Collect-Grades, Attendance and Test Scores

To help us understand if the YMCA Youth Institute After-School Program is helping your child to be more successful at school and to retain our funding, YMCA Youth Institute staff will need to collect grades, attendance, and test scores from your child's school. All of the information we collect will be kept confidential. I give permission for YMCA Youth Institute staff to collect grades, attendance, and test score information from local school district on my child and share them with their evaluators.

Parent / Guardian Signature _____ Date _____

YMCA of Rapid City
ADA Accommodation Policy

General Policy:

The YMCA is committed to ensuring that it will not discriminate against any individual on the basis of one's disability. The YMCA will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modifications would fundamentally alter the nature of its services.

The YMCA will not exclude any individual with a disability (or one's association with a person with a disability) from the full and equal enjoyment of its services and facilities, unless the individual poses a direct threat to the health or safety of others that cannot be eliminated by a modification of policies, practices, or procedures or by the provision of auxiliary aids or services.

Request for Accommodation:

It is the responsibility of the member, guest, or participant, or if a minor, their parent/legal guardian, to seek available assistance to make his/her needs known to YMCA staff, and to give adequate time for the YMCA to make reasonable accommodations/modifications.

Public Accommodations include, but are not limited to, the following: furnishing of auxiliary aids, removal or modification of structural barriers, modifications of services (including transportation) or facilities, use of service animals on YMCA property, and modifications to policies, practices, and/or procedures to allow for equal access for individuals with disabilities.

Members, guests, or participants (or a parent/legal guardian) seeking an accommodation/modification must follow the procedures described below:

1. Notify the designated ADA Representative, Keiz Larson, 605-718-9622, keiz@rcymca.org, or designee at YMCA of the request for an accommodation by filling out the **ADA Accommodation Form**.
2. Upon receipt of the **ADA Accommodation Form**, the ADA Representative will schedule a meeting with the individual within five (5) business days to discuss the request for accommodation. The ADA Representative may ask for additional information to evaluate and/or accommodate the request.

3. After an evaluation of the request, an action plan may be developed to establish what, if any, modification/accommodation is available for the individual. Effort will be made to notify the individual of the final outcome within a period of ten (10) working days from the date of the initial meeting with the ADA Representative; however, additional time may be necessary.
4. An individual who is unsatisfied with the determination made by the ADA Representative may file an appeal with the CEO, Keiz Larson, 605-718-9622, keiz@rcymca.org, requesting an independent review of the request for accommodation/modification. Any appeal must be filed within ten (10) working days from the date of the determination made by the ADA Representative.
5. Following a thorough investigation, the individual will receive a written decision within ten (10) working days, or an appropriate date will be given as to when a response should be expected. The CEO may select a committee to hear grievances and make suggestions to him/her for final decisions. The decision of the CEO is final and binding.
6. If you or a member has any questions regarding this policy, please contact the ADA Representative.

REASONABLE ACCOMMODATIONS / MODIFICATIONS IN YMCA YOUTH PROGRAMS

1. YMCA programs welcome all children. The YMCA will provide services to children with special needs in the same manner as services are provided for other children of comparable age, to the extent it is reasonably able to do so.
2. The YMCA has the obligation to ensure the physical and emotional safety of all of the children entrusted to its care. It is essential that all pertinent information about the child's needs be available to staff from the outset of enrollment, and that a continuing bond of trust and mutual partnership exists for the benefit of the child. Therefore, a parent is encouraged to disclose significant medical, physical, or behavioral issues caused by a disability at the time of the child's enrollment and on an ongoing basis. All information provided will be kept as confidential as reasonably possible and used only for the purpose of establishing what, if any, reasonable modification(s) may be provided.
3. The YMCA will consider a request for extra monitoring and supervision as a possible accommodation, to the extent that such additional monitoring or supervision does not result in a fundamental alteration to the nature of the program and to the ability of the YMCA youth program to provide for the safety and well-being of all children.

The fundamental nature of most YMCA programs is that they are group based. Group based care is consistent with YMCA supervision standards for the protection of our participants and staff. For the safety of children in our programs, the YMCA does not generally provide one-to-one assistance as part of its programs. Some exceptions to group programming are mental health, mentoring, and case management programs.

4. Medication and Medical Special Needs

The YMCA programs will administer oral, topical, eye/ear drops/ointments, and nasal medications in accordance with YMCA Medication Administration Policy and Procedures and South Dakota Laws and Regulations.

Medications will only be administered to children with the medical necessity for medication administration during program hours. Medications requiring an injection or suppository will be considered as a possible accommodation on a case by case basis, to the extent that such medication administration does not fundamentally alter the nature of the program, does not put the child or staff at risk, and does not violate any local or state law or regulation.

5. Personal Aide/Assistants

There are instances when a child's personal needs cannot be met in a group care setting through accommodations which are reasonable in policy, practicality, and/or cost, but they can potentially be successfully accommodated with a personal aide or assistant not funded by the YMCA. In those instances, an agreement with the YMCA must be in place prior to such attendance by the personal assistant. The agreement will provide that the personal assistant meets all applicable state standards for the type of services that the personal assistant will provide to the child; that the personal assistant will not be an employee or independent contractor of the YMCA; and the personal assistant will be subject to the overall supervision of the YMCA program while he or she is present at a YMCA program.