



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED \_\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_  
CMS ID \_\_\_\_\_  
CURRENT GRADE: 9 10 11 12

**YMCA OF GREATER CHARLOTTE  
LEVEL UP APPLICATION**

- The YMCA does not distribute demographic or contact information.
- Access cards are non-transferable; limit one per person.

**For the safety and security of our members, program participants and guests:**

- Government photo ID required for ages 16 and up.
- Current photo required on file for all users age 2 and up.
- North Carolina law prohibits sex offenders from accessing YMCA of Greater Charlotte facilities. In compliance with this law and in order to ensure the safety of our children, we regularly compare our membership database to the National Registry of Convicted Sex Offenders and terminate the membership and/or access rights of anyone registered.

**TEEN INFORMATION**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_       Male  Female      Date of Birth: \_\_\_\_\_      Branch: \_\_\_\_\_

First (Legal Name)      Middle      Last      Suffix      Nickname

Home Address      City      State      Zip

Primary Email      Phone:

Ethnicity:  African American     American Indian or Alaska Native     Asian     Caucasian     Hispanic or Latino  
 Native Hawaiian     Two or more races     Prefer not to give

Personify #:

**FAMILY INFORMATION**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_     Male  Female

Parent/Guardian's Name: First (Legal Name)    Middle    Last    Suffix    Nickname

Primary Email:      Phone:

Home Address (if different from above):      City      State      Zip

Ethnicity:  African American     American Indian or Alaska Native     Asian     Caucasian     Hispanic or Latino  
 Native Hawaiian     Two or more races     Prefer not to give

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_     Male  Female

Parent/Guardian's Name: First (Legal Name)    Middle    Last    Suffix    Nickname

Primary Email:      Phone:

Home Address (if different from above):      City      State      Zip

Ethnicity:  African American     American Indian or Alaska Native     Asian     Caucasian     Hispanic or Latino  
 Native Hawaiian     Two or more races     Prefer not to give

First/Middle:

Last Name:



## EMERGENCY CONTACT (in addition to parent/guardian)

Emergency Contact Name:

Phone Number:

Relationship to Teen:

Home Address (if different from above):

City

State

Zip

## TRANSPORTATION

I am aware the preferred option for transportation is for a caregiver/parent to pick up the student. I understand the YMCA will not take responsibility for transporting teens home. In the event my child needs to be transported, I grant the YMCA permission to send my child home in a taxi to the address on the registration form. I understand that the taxi service will be offered one time only.

My teen will utilize the following mode of transportation to arrive and depart from the YMCA:

- Driving his/her own vehicle
- Picked up by a caregiver/parent
- Public Transportation

Name of individuals authorized to pick-up the student:

Name

Phone

Relationship to Student

Name

Phone

Relationship to Student

**Does your teen have any allergies, medications or special considerations you would like our staff to be aware of?**

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Last Name: \_\_\_\_\_ First/Middle: \_\_\_\_\_ Personify #: \_\_\_\_\_

**PHOTO WAIVER (Photo is required to be on file for membership record)**

I hereby agree that the YMCA may photograph or capture footage of me or members of my household at the YMCA or on any affiliated YMCA property and the YMCA may use those photographs or footage for its marketing purposes and further agree to release to both the YMCA and releases from claim or liability related to that use; waiving all claims for myself, my household, my child and any heirs or next of kin.

**IF I CHOOSE NOT TO BE PHOTOGRAPHED, VIDEOTAPED OR IN OTHER RECORDED MEDIA, IT IS MY RESPONSIBILITY TO INFORM THE PHOTOGRAPHER AND/OR REMOVE MYSELF FROM THE PICTURE.**



**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA" and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

- 1) I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgment that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
- 2) I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
- 3) I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments or other injuries as a result of falls for contact with participations; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damage, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- 4) I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THESE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child are unable to participate due to physical/ mental conditions, I will immediately discontinue participation.
- 5) I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
- 6) I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of the injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a healthcare facility for emergency care as needed.
- 7) I GIVE PERMISSION FOR MYSELF AND/OR MY CHILD TO BE TRANSPORTED BY THE YMCA as needed for field trips, inclement weather or late pick-up.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect. I HAVE READ AND VOLUNTARILY SIGNED THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_  
Printed Legal Name

\_\_\_\_\_  
Signature or Parent/Guardian's Signature (if participant is legally a minor)

# YMCA of Greater Charlotte Code of Conduct–Youth Pass

The YMCA of Greater Charlotte is committed to providing a safe, comfortable, and welcoming environment for all and we ask all persons to act maturely, behave responsibly, and to respect the rights and dignity of others at all times when in our facilities, on our property or participating in our programs.

Our Code of Conduct below outlines prohibited actions. This list is not all-inclusive, and the YMCA reserves the right to deny, suspend or revoke membership/access privileges to any person if, in the YMCA's sole discretion, the actions/inactions of a person of a person are detrimental to the health, safety, or enjoyment of its employees, volunteers, members, or participants.

- › Card sharing, presenting false identification, and/or intentional abuse/non-compliance of YMCA policies
- › Using or possessing alcohol or illegal drugs on YMCA property, in YMCA vehicles or facilities, or at YMCA-sponsored programs is prohibited
- › Smoking on YMCA property – all of our YMCA buildings and grounds are smoke-free environments
- › Carrying or concealing a weapon of any kind
- › Harassment, verbal abuse or intimidation by words, gestures, body language, or any type of menacing behavior
- › Physical contact with another person in an angry, aggressive, or threatening way
- › Inappropriate sexual conduct including explicit conversations or any sexual contact with another person
- › Theft or behavior that results in the destruction or loss of property
- › Loitering within facilities or on the grounds of a YMCA
- › Use of cell phone video and photography are not permitted in locker room or bathrooms
- › Wearing inappropriate (i.e. contains profanity or illegal product marketing), immodest, or revealing attire
- › Use of social networking websites in a manner that is contrary to the YMCA's mission, is detrimental to the community or is in violation of the law
- › Any behavior or activity that is against the law

## Requirements for Youth Pass Participants

- › Upon arriving at our facilities you must sign in by printing your name, arrival time, date and signature. In regards to planned events, once you leave the facility you will not be allowed to return that day.
- › Should a teen be dismissed from any of our Ys, he/she must vacate the building/surrounding property and will have his/her access privileges terminated.
- › Participation is limited to the first 150 teens at each branch per night.
- › Doors will close at 9:00 PM and new participants will not be able to enter after that time.
- › If a participant leaves the facility before programming ends, re-entry will not be allowed that night.

In addition, the YMCA reserves the right to deny access to any person who has been arrested for or convicted of any crime involving weapons, violence, sexual abuse, or the sale, possession and/or transportation of illegal drugs.

Please notify a YMCA staff person immediately if there is an accident, injury, unusual incident or you believe that that this Code of Conduct is being violated.

Suspension or termination of YMCA youth pass may result from a violation of this Code of Conduct. While an incident is being investigated, the person(s) accused of violating this Code of Conduct may be temporarily suspended from YMCA access pending a final decision.

I have read and fully understand the YMCA's youth pass Code of Conduct. I also understand I am responsible for my behavior and/or actions while using the Y facility and any violation of the Code of Conduct may result in my youth pass immediate termination.

DATE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Youth Printed Legal Name

\_\_\_\_\_  
Youth Signature

DATE: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_  
Parent/Guardian Printed Legal Name

\_\_\_\_\_  
Parent/Guardian Signature

## STAFF INSTRUCTIONS

- 1) Complete application.
- 2) **Enter required CMS ID number as name alias** in Personify.  
If not a CMS student, state that in the alias field.
- 3) Sell "Level Up Program" product. Discount 100% of the cost using "MANUAL\_MYP" discount code so that order balance is \$0.
- 4) Confirm participant has completed online survey.
- 5) Thoroughly review the above code of conduct with the participant.
- 6) Capture picture in Personify.
- 7) Scan and send pages 5-6 (REQUEST FOR RECORDS)  
to levelup@ymcacharlotte.org and then shred hard copy.

Staff Name \_\_\_\_\_

Staff Signature \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

**YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.**

# YMCA of Greater Charlotte REQUEST FOR RECORDS

Program Name: **Level Up**

School Year: **2019-2020**

Name of Child (legal first and last name): \_\_\_\_\_

School Attending: \_\_\_\_\_

Student CMS ID #: \_\_\_\_\_ Student Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Grade Level: \_\_\_\_\_ Teacher: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to Charlotte-Mecklenburg Schools releasing the following  
(Name of Parent/Guardian) data for my child to the YMCA of Greater Charlotte:

- Demographic data (that is, gender, race/ethnicity, grade level, school name)
- Limited English Proficiency (LEP) Status
- Exceptional Children (EC) and/or Gifted (AIG) Status
- Course Grades
- Standardized Test scores, levels, proficiency (that is, beginning, middle and end of year district and state tests)
- Attendance Data
- Behavior data (suspensions)
- Promotion/Retention
- GPA (High School Students Only)
- Graduation Status (High School Students Only)
- Credits Earned and Credits Attempted (High School Students Only)

In an effort to ensure quality programming that impacts participants, the YOGC pulls academic data from school systems to measure outcomes. The school ID is critical for us to obtain this information from the child's school. We have an MOU in place with the school and it ensures confidentiality and complies with FERPA legislation. Information about your child will never be shared with outside parties and internally stays within our accountability department. The attached waiver will need to be signed and returned. If you wish to not provide your child's ID then simply write DECLINE on the line for school ID numbers.

I grant the YMCA of Greater Charlotte (YOGC) permission to gather all information it finds necessary to assist in my child's educational growth and development. The information requested will include grades and test scores as listed above, student ID numbers and strengths and weaknesses as identified by the teacher, assessor and/or school administrator. The YOGC will pull data on my child for the 2017-18 and 2018-19 school years and may share results of the data and its corresponding analysis with partner agencies where my child is enrolled. Partner agencies are listed below:

B Music Youth  
Big Brothers Big Sisters of Central Carolinas  
Boys to Men Foundation  
Champions for Peace and Charlotte Tornadoes  
Charlotte-Mecklenburg Police Department  
Charlotte-Mecklenburg Schools  
City of Charlotte

Communities In Schools  
Do It 4 The Hood  
Heal Charlotte  
Project 658  
Promise Youth Development  
Renaissance West Community Initiative

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print name of parent or guardian)

\_\_\_\_\_  
(Date)

Brandi Weathers- Sr. Association Director of Accountability \_\_\_\_\_

\_\_\_\_\_  
(Date)

## **LEVEL UP PARENTAL CONSENT FORM: DATA COLLECTION**

### **WHAT DATA WILL BE COLLECTED?**

As a participant in the Level Up program, your child(ren) will be asked to fill out a 10–15 minute survey at the beginning and end of each program cycle. They will be asked to reflect on their interests and their experiences in the program.

Data are gathered and analyzed through a web-based software – Algorhythm’s Youth Development Impact Learning System (YD iLearning System). Your child(ren) will be assigned a unique numeric identifier and his/her name will not be associated with data. Data within this system are kept confidential in a secure, password-protected database. Algorhythm’s YD iLearning System will never use your child’s name for any reason and all data analyzed through this system will highlight combined or group results. Staff within the Level Up program will have access to the aggregate data so that they can continue to improve the program but will not have access to your child’s individual data.

If you choose for your child(ren) to participate in the survey, your privacy and your child(ren)’s privacy will be protected. All data obtained from your child(ren) will be kept confidential and will be used by staff to increase the quality of the program. We will not use your child(ren)’s name in any report. Individual responses will not be made public.

### **QUESTIONS OR CONCERNS?**

Participation in this survey is completely voluntary. You have the right to terminate your child’s participation in the survey at any time or refuse to participate entirely without jeopardy to your or your child(ren’s) status in the program.

Yes, I have read and understand this consent form and I agree to allow my child(ren) to participate in filling out surveys within this program.

No, I have read and understand this consent form and I choose not to allow my child(ren) to participate in filling out surveys within this program.

If you sign below but do not check either box, we will assume you have agreed to allow your child(ren) to participate in filling out surveys in the program. This agreement remains in effect until you withdraw your permission.

Signature of Parent or Guardian: \_\_\_\_\_ (Date)

Name of Parent or Guardian (Printed): \_\_\_\_\_

**Child 1** First, Middle, & Last Name (Printed): \_\_\_\_\_

**Child 2** First, Middle, & Last Name (Printed): \_\_\_\_\_

**Child 3** First, Middle, & Last Name (Printed): \_\_\_\_\_