

girls rise leadership camp registration form 2018

Note: A \$20.00 non-refundable registration fee applies to all applicants and is due upon registration. Registrants will be accepted on a first-come first-served basis, as space allows.

PARTICIPANT'S CONTACT INFORMATION

CAMPERS FIRST NAME	LAST NAME	GUARDIAN E-MAIL ADDRESS	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE	AGE	BIRTH DATE	SCHOOL NAME GRADE
HOW DID YOU FIND OUT ABOUT THIS PROGRAM?			

T-SHIRT SIZE

- ☐ YOUTH SMALL
☐ YOUTH MEDIUM
☐ YOUTH LARGE
☐ ADULT SMALL
☐ ADULT MEDIUM
☐ ADULT LARGE
☐ ADULT XLARGE
☐ ADULT XXLARGE
☐ EXTRA SHIRTS
 QTY ____ \$10 EA

WEEKS OF DAY CAMP

ENROLLMENT

- ☐ WEEK ONE (July 16 - July 20)
☐ WEEK TWO (July 23 - July 27)
☐ WEEK THREE (July 30- August 3)
☐ WEEK FOUR (August 6 - August 10)

PAYMENT INFORMATION

- ☐ Full Session: \$750 ____ (Payment due by Monday July 2nd)
☐ Full Session Payment Plan:
 \$375 (Payment due by Friday, June 29th)
 \$375 (Payment due Friday, July 13th)
☐ Weekly: \$200 ____ (Payment due Friday before each week)
☐ CHECK ENCLOSED ☐ CHARGE MY CREDIT CARD

CREDIT CARD NUMBER _____ EXP. DATE _____

☐ VISA ☐ Mastercard ☐ DISCOVER ☐ American Express

SIGNATURE _____

DATE _____

FAMILY INFORMATION

PARENT / GUARDIAN #1	WORK PHONE	CELL PHONE
OCCUPATION	EMPLOYER	
EMPLOYER ADDRESS		
HOME ADDRESS (IF DIFFERENT FROM CHILD)		

DOES THIS PARENT/GUARDIAN LIVE IN THE HOME WITH THE CHILD?

☐ YES ☐ NO

PARENT / GUARDIAN #2	WORK PHONE	CELL PHONE
OCCUPATION	EMPLOYER	
EMPLOYER ADDRESS		
HOME ADDRESS (IF DIFFERENT FROM CHILD)		

DOES THIS PARENT/GUARDIAN LIVE IN THE HOME WITH THE CHILD?

☐ YES ☐ NO

2018 CDBG Youth Intake Form

Parent's

Address

Name: _____ (Street, City, State, Zip): _____

Youth's Name _____

1. For both Race & Ethnicity, circle the option that
- BEST**
- describes you:

RACE		ETHNICITY
Black/African American	Asian	Hispanic
White	Native Hawaiian/Pacific Islander	
American Indian/Alaskan Native	Other	Non-Hispanic

- 2.
- Source of Income:**

Pay Stubs (Two Consecutive)
 Government Assistance Statement
 Tax Return (Most Recent Year)
 Bank Statement of Check/Cash Deposits
 No Income Certification

- 3.
- Proof of Residency:**

(Must match name & address listed above):

Valid Driver's License/State Issued ID
 Utility Bill
 Letter from a Government Agency
 Bank Statement
 Letter from Educational Institution

- 4.
- Household Information:**

Total Annual Household Income: \$ _____/year
 Number of Persons Living in Household (including self): _____
 Female Headed Household: Yes No

- 5.
- Members of Household:**

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

I certify that all information contained on this form is complete and true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Program Staff's Signature: _____ Date: _____

(To be completed by staff)

Directions: 1) circle family size 2) follow line extending from family size and check the box of the correct income level.

Number of Persons in Household	Extremely Low	Very Low	Low Moderate	Above Moderate
1	\$20,350 & below	\$20,351 - \$33,949	\$33,950 - \$54,249	\$54,250 & above
2	\$23,250 & below	\$23,251 - \$38,799	\$38,800 - \$61,999	\$62,000 & above
3	\$26,150 & below	\$26,151 - \$43,649	\$43,650 - \$69,749	\$69,750 & above
4	\$29,050 & below	\$29,051 - \$48,449	\$48,450 - \$77,499	\$77,500 & above
5	\$31,400 & below	\$31,401 - \$52,349	\$52,350 - \$83,699	\$83,700 & above
6	\$33,740 & below	\$33,741 - \$56,249	\$56,250 - \$89,899	\$89,900 & above
7	\$38,060 & below	\$38,061 - \$60,099	\$60,100 - \$96,099	\$96,100 & above
8	\$42,380 & below	\$42,381 - \$63,999	\$64,000 - \$102,299	\$102,300 & above

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members who are claiming zero income from any source, if appropriate.)

Client Name: _____

Agency Name: _____

CDBG Project Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources;
- j. Any other source not named above.

2. Check one box:

Currently, I have no income of any kind and while I am seeking employment, there is no definite job offer at this time.

Currently, I have no income of any kind and I will not be seeking employment at this time.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Signature of Client

Printed Name of Client

Date

RULES AND GUIDELINES

PROGRAM YEAR 2017 - 2018

The YWCA Pasadena-Foothill Valley has an amazing Girls Rise Leadership Camp planned for your daughter. Through hands on activities and group projects the girls will gain a stronger sense of self and pride. Please read through the rules and guidelines carefully and sign your name at the bottom.

I understand that the **Emergency & Medical Information Form** covers every time my daughter may leave the site. I understand I will be notified of all trips. The **Waiver & Release form** accounts for a Permission Slip for all outings. I understand that fees will not be refunded if not requested at least two weeks before the assigned week. Upon the return of the fees, there will be a non-refundable charge of \$50 for every child.

I understand that, students who are transported from school to the program must attend at least 3 days of the program per week or they will no longer be allowed to use the transportation service.

I understand all students are dismissed at 4:30 pm. Those who remain at the YWCA after 4:30 pm are subject to a late pick up fee of \$5.00 for every 10 minutes after 4:30 pm. The fee is due before my child can return to the following day of programs.

My child(ren) and I understand that positive behavior and good citizenship are required to make this a successful group. Consistent disruptive behavior is reason for dismissal.

Parent's Name (Print)

Parent's Signature

IDENTIFICATION AND EMERGENCY INFORMATION

I understand that for the safety of my child, only authorized individuals, aside from parent/guardians, can pick up my child from the YWCA Pasadena-Foothill Valley.

The YWCA Pasadena-Foothill Valley may request proof of ID from the individual picking up my child to ensure the security of my daughter. All persons signing out my child(ren) must be at least 18 years of age.

SIGN IN AND OUT AUTHORIZATION: The following individuals have my unrestricted permission to sign the above named child out from the YWCA Girls Empowerment Summer Camp and should be contacted in an emergency when I cannot be reached (minimum of two names required). **Please notify Camp Coordinator in advance in writing if an individual not listed will be picking up your child.**

SIGN IN/OUT EMERGENCY CONTACT INFORMATION (PLEASE ONLY LIST PEOPLE BESIDES LEGAL GUARDIANS IN CASE THEY CANNOT BE REACHED)					
NAME	PHONE #1	PHONE #2	RELATIONSHIP TO CHILD	PICK-UP	EMERGENCY
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Restricted PICK-UP: The following individuals are RESTRICTED from signing out my child due to court-issued restraining order (A certified copy of the official documentation must be kept in the child's YWCA file.)

Name

Name

Please sign as acknowledgment that you have read the above , even if no names are entered.

Parent/Guardian Signature

Date

EMERGENCY & MEDICAL INFORMATION

HEALTH HISTORY: (Check, giving approximate date of onset)

DISEASES	No	Yes		No	Yes	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	DATE:	Measles	<input type="checkbox"/>	<input type="checkbox"/>
German Measles	<input type="checkbox"/>	<input type="checkbox"/>	DATE:	Mumps	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH CARE PROVIDERS

NAME OF PRIMARY CARE PHYSICIAN

PHONE NUMBER

HEALTH/MEDICAL INSURANCE CARRIER

POLICY NUMBER

EMERGENCY & MEDICAL INFORMATION

PROGRAM YEAR 2017 -2018

**MEDICAL PROBLEMS (IF MORE SPACE IS NEEDED, CONTINUE ON A LINED PIECE OF PAPER,
enter N/A if not applicable)**

SPECIFY MEDICAL PROBLEMS, PAST OPERATIONS, OR TREATMENT OF SERIOUS ILLNESS (INCLUDE APPROX.
DATES)

SPECIFY ALLERGIES (FOOD, MEDICINE, HAY FEVER, POISON IVY, INSECT STINGS ETC)

SPECIFY DIETARY RESTRICTIONS

LIST OF MEDICATIONS IF ANY

MEDICINE

DOSAGE

MEDICINE

DOSAGE

MEDICINE

DOSAGE

EMERGENCY & MEDICAL INFORMATION

PROGRAM YEAR 2017-2018

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the YWCA Program. I hereby grant permission for my child to leave the YWCA Program premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle. I hereby grant permission for my child to be included in evaluation and pictures connected with YWCA Programs.

The undersigned, as the parent(s) or legal guardian(s) of the above named person (the minor) authorizes the YWCA Pasadena-Foothill Valley and its employees, Directors, and Adult Volunteers (collectively "YWCA") to consent to an x-ray, anesthetic, dental or surgical diagnosis or treatment and hospital care (collectively "health care") to be rendered to the minor by a dentist or doctor licensed under the law of the State or other jurisdiction in which health care is sought. For the purpose of medical care or dental care obtained outside of California, this authorization is given with the intent that any consent given pursuant to this authorization shall be the consent of each of the undersigned.

I understand that site staff cannot administer any non-prescription drugs such as Aspirin, Tylenol, cough syrup, etc. The staff, with written parental consent, may administer prescribed medication. Camp participants must bring prescribed medication in a sealed container marked with their name, name of medication, directions for administering and name of physician. In addition a signed letter from a parent/guardian must state authorization to the YWCA for administering medication. This letter must include the statement "The YWCA staff will not be held liable for the administering of medication."

I understand that if medication is to be given to the registered minor, the YWCA and/or Program Staff are not legally or financially liable for administering or the results of administering medication.

The undersigned understand and agree that the YWCA shall not be legally or financially liable for any bills or medical expenses incurred, or for any cause of action or claim arising from any medical care or dental care provided, or the lack of medical or dental care. The undersigned hereby agree to this indemnity defined and hold YWCA harmless from any claim made by or on behalf of the minor's heirs or parents or guardian arising out of any medical care or dental care provided.

PARENT/GUARDIAN #1 SIGNATURE

DATE

PARENT/GUARDIAN #2 SIGNATURE

DATE

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of the YWCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment , or participation in any off-site program affiliated with the YWCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into the YWCA, for observation or use of any facilities or equipment or participation in such affiliated program, constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YWCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT , OR PARTICIPATION IN ANY ONSITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YWCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING.

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the YWCA , its directors, officers, employees, volunteers and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all personal representatives, assigns, heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YWCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YWCA.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence, active or passive, of the releasees or otherwise while in, upon, or about the premises of the YWCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YWCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations , statements, or inducement apart from the foregoing written agreement have been made.

THIS AGREEMENT DOES NOT APPLY TO LICENSED CHILD CARE SERVICES

I HAVE READ THIS RELEASE

DATE

PRINTED NAME

SIGNATURE OF APPLICANT/GUARDIAN

PHOTO & VIDEO/AUDIO RECORDING RELEASE

PROGRAM YEAR 2017-2018

I _____ **am eighteen years of age or older**, and if not, then my Mother/Father/Legal Guardian has also signed below under my signature.

With regard to my participation in activities sponsored by or related to any activity in which I participate in any way sponsored by the YWCA , including the YWCA Pasadena Foothill Valley , I hereby give my permission and consent, now and for all time

(without any further compensation, claim or demand by me) to the YWCA, and to advertising agencies, agents, entities, and third parties collaborating with the YWCA and their representatives, if any, (the "organizations") to make, reproduce, edit, broadcast or rebroadcast any video, film, or digital footage and other sound track recordings, or photo reproductions of my image or voice in any form, and thereof in promotions, advertising and legitimate business uses without any further compensation to me. I may or may not be identified by name in such reproductions. However, I shall not be stated by name to have endorsed any particular commercial products or commercial services without my express written permission.

I further agree to the following

-Any Materials created subject to this Release shall belong to the YWCA as its property, with full right of disposition of them without my oral or written permission.

- The materials will not be subject to any obligation of confidentiality and may be shared with and used by the Organizations, as well as with any third parties as the YWCA may elect.

- The YWCA shall not be liable for any claim arising from the use or disclosure to a third party of any of the Materials .

- The YWCA shall exclusively own all known or later existing rights to the Materials worldwide and shall be entitled to the unrestricted use of the Materials for any purpose without compensation to me or the provider of the Materials.

AGREEMENT AND CONSENT

I have read the contents and understood the contents of this Release. I agree that my consent to this Release is irrevocable. I hereby voluntarily release and discharge the YWCA and the Organizations and their representatives from any and all claims arising out of or relating to or in connection with the uses and reproductions of my image and voice and my narrative account as described herein. I understand that the term "YWCA" in this Release specifically includes the YWCA Pasadena-Foothill Valley.

PARTICIPANT'S SIGNATURE

DATE

AGE

I am the Mother/Father/Legal Guardian of _____. I have read and understand the contents of this Release and hereby voluntarily consent to this Release on behalf of my minor child.

SIGNATURE

DATE

AGE

Pasadena City College
Swimming Pool and Aquatic Center
Rules, Regulations and Policies

1. Users will acquaint themselves with all rules of the swimming pool and the Aquatic Center, observe all signs and abide by the rules posted around the pool deck.
2. Users will obey Lifeguards and Aquatic Center personnel at all times.
3. NO GLASS OR GLASS BOTTLES ARE ALLOWED IN THE AQUATIC CENTER AT ANY TIME.
4. NO GUM IS ALLOWED IN THE AQUATIC CENTER.
5. Proper swimming attire is required to enter the swimming pool. All swimming attire must have appropriate fastening devices (swimming shorts must have a drawstring or Velcro, etc.) No under garments or articles of clothing may be worn underneath proper swimming attire.
6. Artificial swimming devices are not allowed in the swimming pool.
7. No running on the deck or in the locker rooms.
8. Patrons will observe proper sanitary behavior and conditions while in the swimming pool and the Aquatic Center.
9. Patrons should make use of the toilets and showers before entering the swimming pool.
10. No person with an open wound(s), infectious disease or any bleeding will be permitted access to the swimming pool.
11. No spitting or nose blowing is permitted in the swimming pool or the Aquatic Center.
12. Food and drinks are allowed only in the spectator and/or bleacher area of the Aquatic Center.
13. The wearing of glasses in the swimming pool is prohibited.
14. Patrons will refrain from rough and boisterous play in and around the swimming pool area.

15. No one is permitted in the lifeguard chair or on the guard stand except a lifeguard on duty.
16. No one except authorized personnel are allowed in the swimming pool or Lifeguard office at the pool.
17. Leaders of organized groups visiting the pool will acquaint their group with all of the pool rules and assume the responsibility of the conduct and behavior of their group members while in the pool, locker rooms and at the Aquatic Center.
18. NO DIVING IS PERMITTED IN SHALLOW WATER, WITHOUT DIRECT LINE OF SITE SUPERVISION BY AQUATIC CENTER PERSONNEL AND/OR IN AREAS SO MARKED "NO DIVING". Diving is allowed in the designated areas only and while under direct supervision by Aquatic Center personnel.
19. Children under 7 years of age must be accompanied by an adult (13 years and older) at all times.
20. Children under 2 years of age must wear plastic pants or a swim diaper, regular diapers are not allowed.
21. Swimmers unable to swim continuously across the pool and back using front crawl must stay on the shallow side of the rope and may not swim in the deep end of the pool or go off the diving boards.
22. Swimmers may not sit, play or hang on stairs, ladders, railing and/or the handicapped ramp.
23. FOR THE PROTECTION OF MINORS UNDER THE AGE OF 18, THERE WILL BE NO FILM OR SNAP PHOTOGRAPHY OF SWIM LESSONS, RECREATIONAL SWIM OR RENTAL GROUP ACTIVITY WITHOUT THE EXPRESSED CONSENT OF THE AQUATIC CENTER DIRECTOR, AQUATIC CENTER SUPERVISOR OR PROGRAM COORDINATOR.
24. There will be no bicycles, skate boards, skates, scooters or wheeled devices allowed on the pool deck.

Pasadena City College

PCC Extension

RELEASE FORM SUMMER SWIM PROGRAM

Upon admission to the pool, I agree to follow the posted rules and the direction of the Pasadena City College Pool management, including but not limited to the Aquatic Director, Lifeguards, and Instructors.

RELEASE

I agree to release Pasadena City College and any instructors and assistants from any liability arising from my, or my child's, participation in the Summer Swim Program. I understand the college does not provide health or medical insurance for participants. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California and is effective unless revoked in writing.

MISCELLANEOUS

This waiver and release shall be constructed in accordance with and subject to the laws of the state of California. If any paragraph, section, sentence, clause or phrase contained in the waiver and release becomes or is held by any court of competent jurisdiction to be illegal, null or void or against public policy, the remaining paragraphs, sections, sentences, clauses or phrases contained in this waiver and release shall not be affected thereby.

Student Name: _____

Signature: _____ Date: _____

Please complete if student is under 18 years of age.

I grant approval for my child to participate in Pasadena City College's Summer Swim Program.

Student Name: _____ Age: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Phone: _____

Name and Phone of additional person who may be contacted in case of emergency:

PLEASE RETURN THIS COMPLETED FORM TO THE SWIM PROGRAM PERSONNEL ON THE FIRST DAY OF CLASS.