



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WESTERN ADDITION BEACON CENTER

Middle/High School Registration Form 2011-12

Name: _____ Date Of Birth: _____ Grade: _____
 (First Name) (M.I.) (Last Name)

Address: _____ School Attending: _____

City: _____ State: _____ Zip: _____ Phone: _____

Check All That Apply: RACE/ETHNICITY <input type="checkbox"/> African American <input type="checkbox"/> Other: Black _____ <input type="checkbox"/> Asian – Cambodian <input type="checkbox"/> Asian – Chinese <input type="checkbox"/> Asian – Indian <input type="checkbox"/> Asian – Japanese <input type="checkbox"/> Asian – Korean <input type="checkbox"/> Asian – Laotian <input type="checkbox"/> Asian – Thai <input type="checkbox"/> Asian – Vietnamese <input type="checkbox"/> Asian – Other: _____ <input type="checkbox"/> Hispanic/Latino – Central American <input type="checkbox"/> Hispanic/Latino – Caribbean <input type="checkbox"/> Hispanic/Latino –Cuban <input type="checkbox"/> Hispanic/Latino –Mexican/Mexican-American <input type="checkbox"/> Hispanic/Latino –Puerto Rican <input type="checkbox"/> Hispanic/Latino –South American <input type="checkbox"/> Hispanic/Latino – Other: _____ <input type="checkbox"/> Hispanic/Latino – Not of Hispanic or Latino Origin				<input type="checkbox"/> Middle Eastern – Arab <input type="checkbox"/> Middle Eastern – Iranian <input type="checkbox"/> Middle Eastern – Other: _____ <input type="checkbox"/> Native America/American Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Pacific Islander – Guamanian <input type="checkbox"/> Pacific Islander –Hawaiian <input type="checkbox"/> Pacific Islander –Samoan <input type="checkbox"/> Pacific Islander –Tongan <input type="checkbox"/> Pacific Islander –Other: _____ <input type="checkbox"/> White – European American <input type="checkbox"/> White – Other <input type="checkbox"/> Multi-racial/Multi-ethnic <input type="checkbox"/> Other: _____		PRIMARY LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Mandarin <input type="checkbox"/> Toishanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Khmer/Cambodia <input type="checkbox"/> Samoan <input type="checkbox"/> Tagalog <input type="checkbox"/> Arabic <input type="checkbox"/> Russian <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other: _____		SEXUAL ORIENTATION <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Questioning <input type="checkbox"/> Don't Know Other Demographics <input type="checkbox"/> Disability <input type="checkbox"/> Homeless <input type="checkbox"/> TANF (Receive Benefits) <input type="checkbox"/> Teen Parent <input type="checkbox"/> Public Housing <input type="checkbox"/> Public School <input type="checkbox"/> Limited English <input type="checkbox"/> Foster Care <input type="checkbox"/> School Lunch	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Don't Know				ENGLISH FLUENCY <input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat <input type="checkbox"/> Not Fluent					

<p align="center">Parent/Guardian</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home #: _____ Work #: _____</p> <p>Cell/Pager #: _____ Relation: _____</p> <p>Email: _____</p>	<p align="center">Other Emergency Contact</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Home #: _____ Work #: _____</p> <p>Cell/Pager #: _____ Relation: _____</p> <p>Email: _____</p>
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FOR OFFICE USE ONLY

Received Date _____ Time _____

Accepted By _____

Enrolled

Waitlisted

MEDICAL INFORMATION

Participant's Name: _____

Phone: _____
(First Name) (M.I) (Last Name)

Does Your Child have medical insurance?

Yes. Please complete insurance information:

Medical Provider _____ Medical Number _____

Primary Health Physician _____ Phone Number _____

No. Would you be interested in receiving information about low cost health insurance and/or free health **care** services? Yes: ____ No: ____

Does your child have any medical conditions (asthma, heart condition, seizures, diabetes, hearing or sight loss, allergies, etc) that we should know about? Yes: ____ No: ____

Please explain:

Does your child take any medication during the day? Yes: ____ No: ____

Please explain:

WAIVER OF LIABILITY AND PERMISSION FORM

- I, the undersigned, give permission for my child to participate in the activities offered by the Western Addition Beacon Center. I know of no physical disorder that could keep my child or ward from participating in this program. I waive any claim of liability against, and agree to hold harmless the YMCA of San Francisco, San Francisco Unified School District and any other officer, agent, and/or employee thereof from any claim of injury to participant arising out of or in any way connected with any class or activity offered by the Beacon Center
- Further, if said participant should become injured while participating in a program, I authorize transportation to any physician or surgeon licensed in the State of California to perform emergency or surgical treatments, which, in his or her judgment, may be necessary.
- I understand that the Western Addition Beacon Center conducts evaluation to asses the quality of programs. I give permission for my child to be part of this program evaluation. I also understand that the information collected about my child will be kept confidential and that only the persons connected with the Beacon Center and the evaluation will have access to this information.
- I also give my permission for any photograph, videotape, film, audiotape, or writing of said participant, obtained during normal Beacon activity hours, to be used in informational materials for the Western Addition Beacon Center and/or its affiliates.
- I also give permission for my child to attend field trips organized by the Beacon and to use transportation arranged for the purpose of field trips.
- **THE UNDERSIGNED HEREBY GIVES PERMISSION for the Western Addition Beacon Center- Buchanan YMCA of San Francisco, or evaluation consultant to interview the undersigned's children and authorize the school and/or the San Francisco Unified School District to make his/her school records available (i.e., grades, test and achievement scores,**

homework records, teacher comments, behavior).

Signature of parent or guardian
Date

Child's Full Name

YMCA of San Francisco Membership Application
Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (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 YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, 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 or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment therein 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 YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence 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 YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, 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 whether caused by negligence of the releasees or otherwise.

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 of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER 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.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: _____ Date: _

 Print name of applicant/parent: _____

Print name(s) of child(ren) in program: _____

BEACON RULES

The Western Addition Beacon Center expects all staff and participants to act with respect toward each other and to the established rules. With the help of young people that were part of our program, we designed a basic set of guidelines that guide conduct at the Beacon.

1. Be respectful to
 - Peers
 - Staff
 - Property of Beacon and of peers
2. Resolve conflicts through talking and listening – NO FIGHTING!
3. No weapons or anything that looks like a weapon is allowed. We reserve the right to search personal property if deemed necessary.
4. The Beacon is a DRUG-FREE ZONE.

5. All participants must remain in programs or in the supervised “hang out” area.
6. Use respectful language and no cursing.
7. Wear Beacon ID/Badge
8. No scooters, bicycles, ore skateboards allowed. There are no exceptions. The Beacon is not responsible for any possessions of participants.
9. The phone may only be used to call parents/guardians. The use of the office phone is a privilege and can be taken away if participants are not respectful to the office or use of the phone.

Parent/Guardian Signature	Date
Participant Signature	Date

Programs Available at the Western Addition Beacon Center for Adults
 Below you will find a partial list of our standard programs that will be available for your family.
 Please select the programs that you would be interested in.

Adult/ Family Programs

- | | |
|--|--|
| <input type="checkbox"/> ESL

<input type="checkbox"/> Financial Literacy

<input type="checkbox"/> Computer Literacy

<input type="checkbox"/> Parenting Classes

<input type="checkbox"/> Potlucks

<input type="checkbox"/> General Asst. (Food, Shelter, Monetary) | <input type="checkbox"/> Parent Council

<input type="checkbox"/> Parent Support Groups

<input type="checkbox"/> Job Readiness Workshops

<input type="checkbox"/> Volunteering

<input type="checkbox"/> Dinner and a Movie Nights

<input type="checkbox"/> Other (please list) _____ |
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** Please note that there is a separate registration form for adult/family programs.*