

INSTRUCTIONS: Please make sure to complete and sign off on all applicable pages of this registration packet. If you need assistance, please visit our office or call 415-406-1290.



Staff Use Only: _____
 Received By: _____
 CMS Entry Date: _____
 Beacon ID: _____

2016-2017 ADULT REGISTRATION FORM

First Name: _____ Last Name: _____ Date of Birth: _____

Address: _____ Email: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Please check YES or NO:

- ▶ Are you a parent of a Child (0-17 years old): ☐ Yes ☐ No
- ▶ Are you a parent or guardian of youth enrolled in Beacon Afterschool or Summer Program: ☐ Yes ☐ No
- ▶ Are you a parent or guardian of youth enrolled in SFUSD: ☐ Yes ☐ No

If so, Child/Children's Name(s): _____

CHECK ALL THAT APPLY:

RACE/ETHNICITY

- ☐ African American
- ☐ Other Black: _____
- ☐ Asian – Chinese
- ☐ Asian – Filipino
- ☐ Asian - Indian
- ☐ Asian – Japanese
- ☐ Asian – Korean
- ☐ Asian – Laotian
- ☐ Asian – Thai
- ☐ Asian – Vietnamese
- ☐ Asian – Other: _____
- ☐ Hispanic/Latino – Mexican/Mexican American
- ☐ Hispanic/Latino – Central American
- ☐ Hispanic/Latino – South American
- ☐ Hispanic/Latino – Caribbean
- ☐ Hispanic/Latino – Other: _____
- ☐ Middle Eastern - Arab
- ☐ Middle Eastern – Iranian
- ☐ Middle Eastern – Other: _____
- ☐ Native American
- ☐ Native Alaskan
- ☐ Pacific Islander - Guamanian
- ☐ Pacific Islander – Hawaiian
- ☐ Pacific Islander - Samoan
- ☐ Pacific Islander – Tongan
- ☐ Pacific Islander – Other: _____
- ☐ White
- ☐ Multi-Racial/Multi-Ethnic
- ☐ Other: _____
- ☐ Declined to State

GENDER

- ☐ Male
- ☐ Female
- ☐ Transgender

ENGLISH FLUENCY

- ☐ Fluent
- ☐ Not Fluent
- ☐ Somewhat Fluent
- ☐ Unknown

PRIMARY / HOME LANGUAGE

- ☐ English
- ☐ Spanish
- ☐ Cantonese
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Mandarin
- ☐ Toishanese
- ☐ Vietnamese
- ☐ Khmer/Cambodian
- ☐ Samoan
- ☐ Tagalog
- ☐ Arabic
- ☐ Russian
- ☐ American Sign Language
- ☐ Other: _____
- ☐ Unspecified

OTHER DEMOGRAPHICS

- ☐ Homeless
- ☐ Public Housing
- ☐ Calworks

REFERRED TO BEACON BY:

- ☐ School Personnel/Staff
- ☐ Friend
- ☐ Family
- ☐ Internal/Beacon Staff
- ☐ Other CBO Staff
- ☐ Self Referral
- ☐ CRN
- ☐ HSA
- ☐ JPD
- ☐ SFPD
- ☐ District Attorney
- ☐ MYEEP
- ☐ APD
- ☐ CARC
- ☐ Other: _____

Emergency Contact

First Name: _____

Home Phone #: _____

Last Name: _____

Cell #: _____

E-Mail: _____

Relation to Participant: _____

MEDICAL INFORMATION

Do you have medical insurance?

☐ **Yes.** Please complete insurance information.

Name of Family Doctor

Doctor's Telephone

Name of Medical Insurance

Policy Number

Name of Hospital

☐ **No.**

Do you have any medical conditions (asthma, heart condition, seizures, diabetes, hearing or sight loss, allergies, etc.) that we should know about? ☐ Yes ☐ No

Please explain: _____

WAIVER OF LIABILITY AND PERMISSION FORM

- I, the undersigned, am signing up to participate in the activities offered by the OMI/Excelsior Beacon Center. I waive any claim of liability against, and agree to hold harmless the Urban Services YMCA, 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 judgement, may be necessary.
- I understand that the OMI/Excelsior Beacon Center conducts evaluations to assess the quality of programs. I give permission to be in this program evaluation. I also understand that the information collected about me will be kept confidential and that only the persons connected with the Beacon Centers or affiliates will have access to this information.
- I also give permission for any photograph, videotape, film, audio tape, social media outlets or writing of said participant, obtained during normal Beacon activities, to be used in informational materials for the OMI/ Excelsior Beacon Center and/or its affiliates.

Participant Signature

Date

YMCA of San Francisco

Code of Conduct

Personal Safety

YMCA youth and teen programs are designed to provide safe enriching opportunities for young people in a variety of settings. The YMCA attempts to build a safe environment with “ground rules” that always include character values honesty, respect, responsibility, and caring. Every person has the right to feel emotionally and physically safe while participating in programs.

A high level of positive conduct is expected of all participants. Both youth and adults shall observe the Code of Conduct. There is no double standard.

Basic philosophy of responsible conduct

- Each person is responsible for one’s own behavior.
- Participants will act responsibly to ensure that their own attitude is beneficial not only to themselves and their fellow participants, but also to ensure the continuation of YMCA teen programs.
- Those who decide to be present when the violation occurs shall, by their own choice, be considered a participant in the violation. There are no innocent bystanders.

Infraction of the following code of conduct can result in expulsion from YMCA Programs

To ensure a safe environment, youth and adults must:

1. Treat all persons in and around program with mutual respect and without discrimination based on gender, sexual orientation, size, shape, religion, culture, socioeconomic differences. There is no tolerance for bullying.
2. Be a responsible ally to all those in and around program who may be experiencing discrimination.
3. Staff will keep conversations in confidence unless person(s) are in danger of harming themselves or others or is reporting an incident of physical, sexual, or emotional abuse.
4. Any act of vandalism, theft, destruction of property, or misuse of a facility may be an infraction and will be treated as such.
5. Intimate sexual behaviors are not allowed. This includes inappropriate and uninvited physical contact between any participants, staff members, or guests.
6. Possession and or consumption of alcoholic beverages and illegal drugs are strictly prohibited.
7. Smoking and/or the use of any tobacco products is not permitted.
8. Weapons of any kind and items that could cause injury or damage to participants and our property are strictly forbidden.
9. Activities that endanger the health and safety of yourself or others are unacceptable.
10. Strive to be examples to peers and community in core values of honesty, respect, responsibility, and caring.

In the case of a serious incident involving youth participation in Sex, Smoking, Drugs, Alcohol (SSAD RULE) or acts that endanger the health and safety of the participants, Parents/Guardians will be expected to pick me up, or to pay for my transportation home, and no fee refund will be issued. All expenses and arrangements related to any disciplinary action are the sole responsibility of the participant’s family.

I have read and agree to abide by the conditions of the Code of Conduct.

Participant’s Signature

Date

YMCA of San Francisco
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 acknowledgment 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 PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, 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 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 the 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: _____