



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE NORTHWOODS

6th Grade Initiative Membership Application

Purpose and Goals – As a member of the YMCA of the Northwoods, I agree to cooperate and adhere to the Y mission.

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



6th Grader Member Information

Last Name, First Name, MI		Home Telephone #		Birth date: Month/Day/Year / /	
Address (Street & P.O. Box)		(City, State, ZIP)		Is this youth eligible for free or reduced lunch? Y N	
Name of School	Shirt Size	Gender	Pronouns	Does the youth have a current/active membership? Y N	
Emergency Contact (Name)		Relationship		Best Evening Telephone #	

Primary Parent/Guardian Information (required)

Last Name, First Name, MI		Home Telephone #		Birth date: Month/Day/Year / /	
Address (Street & P.O. Box)		(City, State, ZIP)		Annual Household Income	
Email Address		Gender	Pronouns	<i>Under \$10,000</i> \$40-\$49,999 \$10-19,999 \$50,000-\$74,999 \$20-\$29,999 \$75,000-\$100,000 \$30-\$39,999 Over \$100,000	
Employer:		Employer Address		Employer Phone #	

Secondary Parent/Guardian Information (if applicable)

Last Name, First Name, MI		Home Telephone #		Birth date: Month/Day/Year / /	
Address (Street & P.O. Box)		(City, State, ZIP)		Annual Household Income	
Email Address		Gender	Pronouns	<i>Under \$10,000</i> \$40-\$49,999 \$10-19,999 \$50,000-\$74,999 \$20-\$29,999 \$75,000-\$100,000 \$30-\$39,999 Over \$100,000	
Employer:		Employer Address		Employer Phone #	

Additional Parent/Guardian Information (if applicable)

Last Name, First Name, MI		Home Telephone #		Birth date: Month/Day/Year / /	
Address (Street & P.O. Box)		(City, State, ZIP)		Annual Household Income	
Email Address (this will be used for program communication)		Gender	Pronouns	<i>Under \$10,000</i> \$40-\$49,999 \$10-19,999 \$50,000-\$74,999 \$20-\$29,999 \$75,000-\$100,000 \$30-\$39,999 Over \$100,000	
Employer:		Employer Address		Employer Phone #	

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Staff Initials/Date: _____ Proof of 6th Grade Status (circle one): 6th grade schedule 6th Grade ID 5th grade report card
 Entered in Daxko: ___/___/___ Orientation scheduled: ___/___/___ Activated: ___/___/___ Verified by: ___/___/___ Scan Card Issued: ___/___/___



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As a member of the 6th Grade Initiative Program, I will model the following guidelines:

1. I will consistently exemplify the four core values of Y character development: caring, honesty, respect, and responsibility. **Youth Initial** _____
2. I will speak in respectful tones, excluding the use of vulgar or derogatory language. **Youth Initial** _____
3. I will safeguard all personal items in a locked locker and do my part to create a safe environment for all. The YMCA of the Northwoods is not responsible for lost or stolen property. I know I can bring my own lock to secure my belongings. **Youth Initial** _____
4. I will complete the Youth Wellness Orientation prior to accessing the Wellness Center, which I can schedule at the Welcome Center. **Youth Initial** _____
5. I will access programs and program areas during the specified scheduled days and times. **Youth Initial** _____
6. I understand the Y reserves the right to suspend or terminate my membership privileges for inappropriate behavior at any time. **Youth Initial** _____
7. I am expected to follow the guidelines of the 6GI program. **Youth Initial** _____

Parent/Guardian Responsibilities and Releases

Code of Conduct- The Y is founded on Christian principles and prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language, inappropriate attire, smoking, use of alcohol or drugs, the removal of Y property and criminal conduct of any type. **Parent/Guardian Initial** _____

Privacy- I understand that I will not take any type of photo, video, or electronic data of members, class participants at any time. Conduct detrimental to the association and/or in disregard of Y member policies and practices may result in suspension and/or termination of privileges and possibly litigation. **Parent/Guardian Initial** _____

Liability- I understand that the Y assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs, without respect to location. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family's participation in these activities. I hereby release and discharge the Y, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family's participation in these activities. **Parent/Guardian Initial** _____

Talent Release- I give permission to the Y to use, without limitation or obligation, photographs, video, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting Y programs. (OPTIONAL)
Parent/Guardian Initial _____

Sex Offender Registry- The Y conducts regular sex offender screening on all members, participants, and guests. If a sex offender match occurs, the Y reserves the right to cancel membership, end program participation, and remove visitation access.
Parent/Guardian Initial _____

Nationwide Membership- By participating in the Y Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United State of America, and its independents and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of Y facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. **Parent/Guardian Initial** _____

Membership Termination Acknowledgment- I understand that this membership will auto terminate August 31st. The YMCA of the Northwoods will be in contact by August 10th to provide transitional support. To avoid interruptions in membership services, reapplication of membership must happen before August 31st. **Parent/Guardian Initial** _____

6GI MEMBER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Staff Initials/Date: _____ Proof of 6th Grade Status (circle one): 6th grade schedule 6th Grade ID 5th grade report card
Entered in Daxxo: ____/____/____ Orientation scheduled: ____/____/____ Activated: ____/____/____ Verified by: ____/____/____ Scan Card Issued: ____/____/____