



70 YEARS  
INSPIRING YOUTH

## 2019-20 AUTHORIZATION FORM

### DELEGATION INFORMATION

Delegation Name: Albany YMCA

### CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Gender \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Alternate Parent or Guardian Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMERGENCY INFORMATION

Emergency Contact Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MEDICAL INFORMATION

What (if any) medical condition(s) do you have that might affect your experience at conference?  
\_\_\_\_\_

If you have any serious allergies (food, medication, insect), list them:  
\_\_\_\_\_

If you are taking any prescription medications, list them:  
\_\_\_\_\_

If you are currently under a doctor's care, explain reason:  
\_\_\_\_\_

Participant Name: \_\_\_\_\_ Delegation (if applicable): Albany YMCA

**CODE OF CONDUCT AGREEMENT** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

For participants and volunteers: By signing, I acknowledge that I have read, understand and will follow the California YMCA Youth & Government (Y&G) Code of Conduct at all Y&G conferences and functions. A current copy of the Code of Conduct can be found on [www.calymca.org/model-legislature-court](http://www.calymca.org/model-legislature-court).

For parents/guardians of participants: By signing, I acknowledge that I have read and reviewed the Code of Conduct with my child and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is expelled from the program, that I am responsible for their immediate transport home from the conference or YMCA function. This transport shall be done at my expense.

**MEDIA AND DATA COLLECTION RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

Permission is granted to California YMCA Youth & Government (Y&G) and their authorized representatives to take photographs, video, and audio recordings (collectively referred to as media) of participants and volunteers during their participation in Y&G sponsored programs and events. Media in any format, including electronic media, may be used for any purpose, including publicity. Permission is also granted to Y&G and their authorized representatives to gather survey data about me and or my child and their Y&G experience. The participant and his/her parents hereby waive and forever relinquish any rights to such media and or data, waive the right to prior notice of such use, and acknowledge the right for Y&G, its representatives, and affiliates to use such media and or data without compensation. I have read and agree to these conditions.

**TRANSPORTATION** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I hereby grant California YMCA Youth & Government (Y&G) permission or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to transport my child by bus, airplane or other necessary vehicle for conference or training purposes and/or medical need.

**EMERGENCY COMMUNICATIONS RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

Permission is granted for California YMCA Youth & Government (Y&G) to access and use the mobile phone numbers provided Y&G and/or my sponsoring delegation for emergency communications.

**PARTICIPANT HOTEL ACCOMMODATIONS** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I understand that hotel sleeping accommodations are shared with other participants up to the maximum allowed by fire code and as determined by hotel standards. Participants seeking reasonable housing or rooming accommodations must communicate their request in advance of conferences to their local YMCA or school who will work with the California YMCA Youth & Government housing team. If there are any concerns or questions about housing at conferences or rooming assignments, please contact your local YMCA or school.

**REFUND POLICY** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I understand that all fees paid to California YMCA Youth & Government are non-refundable. Participants should check with their local YMCA or school regarding any other applicable refund policies.

**MEDICAL RELEASE** Parent/Guardian Initials: \_\_\_\_\_ Participant/Volunteer Initials: \_\_\_\_\_

I hereby authorize California YMCA Youth & Government (Y&G) and its authorized director and/or leaders (collectively the YMCA) or an authorized representative of the Y&G program in conjunction with the local YMCA or school (if applicable) to act as guardians for the above-named individual. This guardianship grants authority to consent to any medical, dental, surgical or mental health diagnosis or treatments, and hospital care to be rendered to the individual under general or special supervision and upon advice of a health care provider licensed under the laws of the state or any other jurisdiction in which emergency medical care is sought. For the purpose of medical care or dental care obtained in the State of California, this authorization is given pursuant to the provisions of section 25.8 of the California Family Code, as amended. I have read and agree to these conditions. This form may be copied for emergency purposes. I further understand that if I do not have medical insurance that covers all costs, I will be responsible for such medical costs.

For parents or guardians with participants under 18, all efforts will be made to contact the minor's parent or legal guardian prior to the rendering of medical or dental care. If the emergent nature of the event demands immediate attention, the above listed guardians are authorized to provide the necessary permission needed for treatment required. The undersigned understands and agrees that the YMCA shall not be legally or financially liable for any claim arising from the medical or the dental care provided pursuant to this authorization. I hereby indicate by the signature below that I am the authorized parent or legal guardian for the above minor.

The undersigned hereby agrees to indemnify and to hold the YMCA harmless from any claim made by or on behalf of said individual arising out of any medical care or dental care provided pursuant to this authorization. This authorization is given to the YMCA for use in conjunction with any event operated by the YMCA including transportation to/from the event and shall be valid until revoked in writing by the undersigned.

Updated July 11<sup>th</sup>, 2019

**SIGNATURE OF AGREEMENT**

I have read, understand and agree to the statements written on page two of this document.

Participant or Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Participant's Name

## YMCA OF THE EAST BAY

### Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any on-site or off-site program affiliated with the YMCA, the undersigned, for himself or herself 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 and/or the affiliated program(s). It is further warranted that such entry into the YMCA for observation or use of any facilities and/or equipment or participation in any such affiliated program(s) constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs 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.

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 ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1 THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE THE YMCA, its directors, officers, employees, volunteers and/or agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor 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 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 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 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 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.

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 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 have been made.

I HAVE READ THIS RELEASE:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

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

# Model United Nations

## Delegation Criteria

Model United Nations delegates and advisors of the YMCA of the East Bay are expected to adhere to the highest standard of behavior. The following additions to the Code of Conduct are expectations above and beyond the California YMCA Youth & Government Code of Conduct:

1. The Model United Nations program is a participatory activity. Delegates are expected to attend every scheduled meeting at every conference, and participate locally and at the statewide level in all activities. This includes voting, country research, and helping the delegation reach its community service requirement, which will be a 100% participation activity by all delegates.
2. Attendance is critical to deliver information and ensure informed participation. Delegates that drop below 80% attendance to delegation events are subject to expulsion from the program. This program does require a commitment. **The last meeting before each conference is mandatory.**
3. Intimate behavior is hereby defined as "kissing and beyond."
4. Delegates and Advisors are expected to show mutual respect for other participants, staff, facilities, property, and each other regardless of their location or delegation. They will also demonstrate the four core values of Caring, Honesty, Respect, and Responsibility at all Model United Nations activities.
5. Payments of fees are due according to the Payment Schedule form or a schedule that is agreed upon by the parent/guardian and the YMCA staff. We do not give refunds for program fees past a certain date. **Please be sure you can commit to this program before you register.**

Expulsion and removal from the program requires immediate transportation of a delegate from the conference or YMCA event. This is the responsibility of the parent/guardian and:

1. It will be immediate (24 hours a day) commencing with notification from my child, YMCA of the East Bay staff, and/or California YMCA Youth & Government staff of a violation of the Code of Conduct.
2. It will be at my sole expense, time, and responsibility. Parents/Guardians must pick up their delegates.
3. Parents are responsible for the entire cost of any repairs or replacements due to vandalism caused by their child.
4. Delegates expelled from the Model United Nations program are not eligible for refunds or credits of any kind.

I have read and understand the California YMCA Youth & Government Code of Conduct, as well as the YMCA of the East Bay Code of Conduct Addendum, and I agree to all sections. I understand that failing to adhere to the code's minimum standard of conduct may result in the immediate expulsion of my child from the Model Legislature & Court program.

**Delegate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ALBANY YMCA Youth & Government/Model United Nations 2019-2020 AUTOMATICAL WITHDRAWAL AUTHORIZATION

Participant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Billing Information (This person MUST sign this form below)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Parent's Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
 Employers Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Bank Draft Authorization**

**Primary Form of Payment**

I authorize a monthly Bank Draft on the first day of each month for the amount of my child's program fees, or if registering after the first of the month, within one week of registration. These fees correspond to the Youth & Government/Model United Nations/Spring Conference payment schedule for the 2018-2019 program. The monthly amount may fluctuate based on any financial assistance awarded or fundraising credits. The draft will occur monthly until the end of the program year or when terminated in writing by parent. A minimum of 30 days' notice is required.

Credit Card Details

Bank Account Details (attach voided check/statement)

Name on Account: \_\_\_\_\_  
 Card Type:  MasterCard  Visa  American Express  
 Last 4 digits of Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

OR

Name on Account: \_\_\_\_\_  
 Account Type:  Savings  Checking  
 Last 4 digits of Routing Number: \_\_\_\_\_  
 Last 4 digits of Account Number: \_\_\_\_\_

**Secondary Form of Payment**

This account will be used only when the Primary Form of Payment is returned. It will be drafted automatically with a \$15 fee.

Credit Card Details

Bank Account Details (attach voided check/statement)

Name on Account: \_\_\_\_\_  
 Card Type:  MasterCard  Visa  American Express  
 Last 4 digits of Account Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_

OR

Name on Account: \_\_\_\_\_  
 Account Type:  Savings  Checking  
 Last 4 digits of Routing Number: \_\_\_\_\_  
 Last 4 digits of Account Number: \_\_\_\_\_

**Agreement – PLEASE INITIAL**

- \_\_\_\_\_ 1. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a **\$15 returned payment fee**. This is in addition to any fees charged by the bank. In the event a payment is returned we will automatically redraft, using the second form of payment and will include the \$15 return payment fee.
- \_\_\_\_\_ 2. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

**I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only**

Accepted by: \_\_\_\_\_

**Business Office Use Only**

Entered/Received by: \_\_\_\_\_