



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

INSURE YOUR WAY TO BETTER HEALTH

Insurance Paid Memberships POTTSTOWN YMCA

The Pottstown YMCA has expanded their insurance membership program as a way of making the Y more accessible to our community. There are several insurance providers that are providing free youth memberships and reduced adult memberships. Stop in at the Y to find out if you qualify.

- For Youth: Health Partners and Aetna Better Health provide free memberships
- For Adults: Aetna Better Health provides a free membership. Health Partners and Keystone First provide a membership for \$25 for the year.
- For Seniors: Accept Silver Sneakers and Silver & Fit program that provides free memberships for seniors

LOCATION: POTTSTOWN YMCA
724 North Adams Street
Pottstown, PA 19464
(610) 323—7300
“like” us on Facebook

Y Achievers

Trips:

Center City Philadelphia locations, Camden Aquarium, Lancaster County, Microsoft at King of Prussia, Philadelphia sports teams, local Colleges, local businesses, including, but not limited to: pizza shops, restaurants, print shops, fire house, Wawa.

Interactive Learning:

Video games, theater and dance, computers, social media, communication, self-esteem, organization, conflict resolution, job application completion, fashion and dress, self-defense, money management, knowledge bowl, multi-media, home based business.

Activities:

After school games, Basketball, Dodgeball, Volleyball, Soccer, Track, Swimming, Pickleball, Kickball, Zumba class, Combat class, Facebook & Instagram pic contest and TV show trivia.

Community Service:

Volunteering to help in the Pottstown area, as well as surrounding communities. Pottstown YMCA, churches, shelters, retirement centers, food/clothing distribution and other places that need assistance.

Speakers:

Local business owners, young entrepreneurs, well known sports personalities, college professors, high school coaches and home based businesses.

Y Achievers Official Program Application

(Please complete all information to the best of your ability. No incomplete applications will be accepted.)

Name: (Please print neatly.)

Birth Date	Gender		
Address	City	State	ZIP
Phone #	Email		
School	School Counselor's Name	Grade	

PLEASE CHOOSE A LOCATION AS YOUR HOME BRANCH

- | | | | | |
|--|---|--|--|--|
| <input type="checkbox"/> Abington YMCA | <input type="checkbox"/> Ambler Area YMCA | <input type="checkbox"/> Audubon YMCA | <input type="checkbox"/> Boyertown YMCA | <input type="checkbox"/> Christian Street YMCA |
| <input type="checkbox"/> Columbia North YMCA | <input type="checkbox"/> Hatboro Area YMCA | <input type="checkbox"/> Haverford Area YMCA | <input type="checkbox"/> New Hanover/Hollenbach YMCA | <input type="checkbox"/> Northeast Family YMCA |
| <input type="checkbox"/> Phoenixville YMCA | <input type="checkbox"/> Pottstown YMCA | <input type="checkbox"/> Rocky Run YMCA | <input type="checkbox"/> Roxborough YMCA | <input type="checkbox"/> Spring Valley YMCA |
| <input type="checkbox"/> Upper Perkiomen Valley YMCA | <input type="checkbox"/> West Philadelphia YMCA | | | |

PARENT INFORMATION:

Parent/Guardian #1

Address		
City	State	ZIP
Home Phone #	Email	
Place of Employment		
Work Phone #	Work Email	
Alternate Phone #		

Parent/Guardian #2

Address		
City	State	ZIP
Home Phone #	Email	
Place of Employment		
Work Phone #	Work Email	
Alternate Phone #		

DEMOGRAPHIC INFORMATION (Optional -- used for funding purposes ONLY)

Race (Check one)

- | | | | | | | |
|---|--------------------------------|------------------------------------|--|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Multiracial | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |
|---|--------------------------------|------------------------------------|--|--------------------------------------|--|--------------------------------|

Household Income (Check one)

- | | | | | | |
|--------------------------------------|--|--|---|--|-----------------------------------|
| <input type="checkbox"/> \$0 - \$30k | <input type="checkbox"/> \$30k - \$50k | <input type="checkbox"/> \$50k - \$75k | <input type="checkbox"/> \$75k - \$100k | <input type="checkbox"/> \$100k - \$125k | <input type="checkbox"/> \$125k + |
|--------------------------------------|--|--|---|--|-----------------------------------|

School Type (Check one)

- | | | | | |
|--------------------------------------|------------------------------------|----------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Home School | <input type="checkbox"/> Parochial | <input type="checkbox"/> Private | <input type="checkbox"/> Public | <input type="checkbox"/> Other |
|--------------------------------------|------------------------------------|----------------------------------|---------------------------------|--------------------------------|

PROGRAM LEVEL YOU ARE APPLYING FOR:

- | | |
|---|---|
| <input type="checkbox"/> Youth Achievers (5th-6th Grades) | <input type="checkbox"/> Teen Achievers (9th-10th Grades) |
| <input type="checkbox"/> Tourist Achievers (7th-8th Grades) | <input type="checkbox"/> Future Leader Achievers (11th-12th Grades) |

List three careers that you are interested in:

1.
2.
3.

Y Achievers Official Program Application

(continued)

PARENTAL/GUARDIAN CONSENT & EMERGENCY CONTACT FORM

Applicant's Name	Birth Date
Physician's Name	Phone #
Health Insurance Coverage & Policy Number (required)	
Special Disabilities, Allergies (including medication reaction) and/or Dietary Information	
Currently taking medication(s)	If yes, please provide a list of medications

We will make every effort to contact the parent/guardians listed above in the event of an emergency involving your child. The person listed below will be contacted if we cannot successfully reach you.

Emergency Contact	Phone #
Email	

My signature below indicates that I give permission for the YMCA to obtain emergency medical care, administer minor first aid procedures, take my child on walks and trips associated with the YMCA Achievers activities, use the YMCA facilities, including swimming pool, fitness center, weight room, etc., and for the YMCA to transport my child.

I agree, in consideration of my child's use of the YMCA programs and facilities, to indemnify and hold harmless the Philadelphia Freedom Valley YMCA, its branches, agents, employees (hereinafter collectively referred to as the "YMCA") from and against all claims, losses and expenses including but not limited to death, bodily injury, emotional harm or property damage (including total loss thereof) arising out of or connected with my child's use of the YMCA premises, provided that I shall not be obligated to indemnify the YMCA hereunder for any claim resulting from the deliberate acts or due to the sole negligence of the YMCA or its employees. I also grant permission for my child to be included in evaluations, photographs and referral services connected with YMCA programs, including all those that require the sharing of general information with non-profit third-party agencies outside of the YMCA. Intending to be legally bound, the undersigned have placed their signatures:

Parent/Guardian	Date
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CODE OF CONDUCT

1. I will not use tobacco products, alcohol or illegal narcotics, contraband or weapons while participating in YMCA Teen Programs activities.
2. I will not borrow anyone's property without asking.
3. I will fully cooperate with staff and volunteers in YMCA Teen Programs activities.
4. I will not engage in any inappropriate displays of affection. (Friendly hugs are acceptable.)
5. I will participate in and attend all scheduled activities. I will arrive on time.
6. I will not involve myself in the playing of pranks. I understand that pranks can be harmful in many ways and I will report to an adult any knowledge of playing pranks.
7. I will respect all people and property, as well as any places we visit.
8. I will respect others' opinions and I will live by the "House Rules" established by YMCA Teen Programs.

YMCA TEEN PROGRAMS GUIDELINES

1. All participants of the YMCA Teen Programs must be registered and approved by YMCA staff. If you wish to have a visitor, please speak to your Coordinator or Advisor.
2. YMCA staff must administer all medications, prescription and/or non-prescription, if during YMCA Teen Programs activities. All medications must be in their original containers with written guidelines for administration. Medication must be submitted with a separate consent form.
3. Please report all injuries and incidents to YMCA staff immediately.
4. Any electronic equipment, valuables, jewelry, etc. are the sole responsibility of the YMCA Teen Programs participant. The Philadelphia Freedom Valley YMCA, its branches, YMCA of the USA or any other site will not be held responsible for lost or stolen items. Please use good judgement when deciding what to bring during YMCA Teen Programs activities.

I have read and understand the above Code of Conduct and YMCA Teen Programs Guidelines and I accept full responsibility for my behavior while participating in YMCA Teen Programs.

Participant Signature	Date
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Parent/Guardian Signature	Date
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