



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA BLACK ACHIEVERS  
STUDENT PROFILE**  
*(Please Print Clearly-Complete Front & Back)*

**PERSONAL INFORMATION**

\_\_\_\_\_  Male  Female  
(First Name) (M.I.) (Last Name) (Date of Birth) (Age)

\_\_\_\_\_ (Home Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (Home Phone)

\_\_\_\_\_ \* (Email Address-Student)\* \_\_\_\_\_ (Cell/Alternate Phone)

**EDUCATIONAL INFORMATION**

\_\_\_\_\_ (School Currently Attending) \_\_\_\_\_ (Current Grade) \_\_\_\_\_ (Church Currently Attending)

**EXTRACURRICULAR ACTIVITIES** (School, Church, and/or Community)

\_\_\_\_\_

**FUTURE PLANS** (Educational & Career)

\_\_\_\_\_

**BLACK ACHIEVERS PARTICIPATION HISTORY** (Check each grade in which you participated with the program.)

6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> Total # of Years: \_\_\_\_\_

Tell us why you are interested in participating or have participated with the Black Achievers Programs:

\_\_\_\_\_

How did you learn about the Black Achievers Program? \_\_\_\_\_

**FAMILY INFORMATION** (Please Check  parent(s) with whom student resides.)

Father/Guardian:

Mother/Guardian:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First Name) (Last Name) Birth Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First Name) (Last Name) Birth Date

\_\_\_\_\_ (Home Address-If different from student's)

\_\_\_\_\_ (Home Address-If different from student's)

\_\_\_\_\_ (Employer) \_\_\_\_\_ (Work Phone)

\_\_\_\_\_ (Employer) \_\_\_\_\_ (Work Phone)

\_\_\_\_\_) \_\_\_\_\_  
(Home Phone) (Cell Phone)

\_\_\_\_\_) \_\_\_\_\_  
(Home Phone) (Cell Phone)

\_\_\_\_\_ (Email Address)

\_\_\_\_\_ (Email Address)

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

\_\_\_\_\_ ( ) \_\_\_\_\_  
(First Name) (Last Name) (Phone #) (Relationship)

**YEARLY FAMILY INCOME (Check One): For Grant Purposes Only!**

\$0-\$4,999  \$5,000-\$14,999  \$15,000-\$24,999  \$25,000-\$34,999  \$35,000-\$44,000  \$45,000 or More

**ETHNICITY/RACE (Check One): For Grant Purposes Only!**

African American  Caucasian  Hispanic  Native American  Other

**CAREER CLUSTERS: FOR SOPHOMORES AND JUNIORS ONLY**

Please Note: There is a 30-Student/Cluster Limit for Cluster Assignments

**Arts & Culture** (*Careers associated with the visual and performing arts.*)

**Business & Finance** (*Careers related to business and finance.*)

**Communication** (*Careers in marketing, broadcasting, etc.*)

**Computers** (*Careers connected to the world of computers.*)

**Education** (*Careers in the field of education.*)

**Engineering** (*Careers linked to electrical, mechanical, chemical, and civil engineering.*)

**Government, Service, & Law** (*Careers in government, human and social services, and law.*)

**Medical** (*Careers related to health and medicine.*)

If Applicable:

\*Previous Year Clusters: \_\_\_\_\_

\*If you have any comments, concerns, and/or special needs please list them below:

\_\_\_\_\_  
\_\_\_\_\_

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**STAFF/VOLUNTEER USE ONLY**

**\$45 Registration Fee PAYMENT OPTIONS (Select One):**

Paid in Full (attach receipt)  YMCA Financial Assistance (attach documentation)  Payment Plan (attach details)

If Applicable, REGISTRATION FEE WAIVER (Select One):  Gear-Up School  School Invoice

Date Profile Completed: \_\_\_/\_\_\_/\_\_\_ Profile Reviewed By (Staff/Volunteer Initial Here): \_\_\_\_\_



**YMCA BLACK ACHIEVERS  
PERMISSION SLIP**

FOR YOUTH DEVELOPMENT  
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**RELEASE OF INFORMATION**

I, \_\_\_\_\_ the parent of \_\_\_\_\_, do hereby authorize the YMCA Black Achievers program to obtain my child's academic information. (i.e. **transcripts, report cards and/or interim reports from the school.**) This information will be shared with me as the parent and be held in confidence by the YMCA Black Achievers Program. I authorize the YMCA Black Achievers program to conduct surveys and interviews with my child to gather information for program evaluations. I also authorize the release of photos for appropriate use (i.e. press releases, brochures, flyers, etc.).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In Case of Emergency please contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Doctor/Hospital Preference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PROGRAM ACTIVITY**

**PARENT'S AGREEMENT:**

I have the legal authority to sign-up the child named on this form and to the best of my knowledge, the information on the registration form is complete and accurate to the best of my knowledge and the child herein described has my permission to engage in all activities and field trips except as told by me. I agree to request a copy of the parent/student handbook. I agree to follow all policies and procedures indicated in the parent/student handbook. Failure to comply with the policies and procedures may result in the loss of program service.

The undersigned understands that the YMCA of Central Kentucky does not allow members of its staff to perform additional childcare services or any other services directly for program participants that are outside the scope of the YMCA's programs. Should an employee perform such services without the knowledge of the YMCA, said employee will not be acting as an employee or agent of the YMCA of Central Kentucky and the YMCA disclaims any and all liability in connection there within.

I give the YMCA permission to use my child's photo in promotional literature:  Yes  No

I give permission for my child to participate in evaluations, surveys, and research studies conducted by the YMCA and its partners in an effort to determine the effectiveness of its programs:  Yes  No

I give permission for the YMCA volunteers and/or staff to seek medical treatment for my child in the event of an emergency. I understand that the YMCA carries liability insurance. Families must provide their own accident and medical insurance:  Yes  No

Please list any special circumstances (i.e. prescriptions, allergies, etc.): \_\_\_\_\_

**\*\*PARENT ACKNOWLEDGEMENT OF SPECIAL WORKSHOPS\*\***

During the calendar year the Black Achievers Program may offer special age-appropriate workshops to our participants that may involve discussion of sensitive subject matter. The following workshop themes may be presented: abstinence education, child abuse prevention & awareness, drug/alcohol awareness, proper hygiene, & other topics to be determined as essential to life skills for our youth. Please check whether or not you will allow your child to attend these workshops.  Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_