



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

PERSONAL INFORMATION

(First Name) (MI) (Last Name) (Date of Birth) (Age) Male Female

(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)

7th 8th 9th 10th 11th 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:

(Full Name) _____
(Birth Date)**

(Full 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:

_____ (_____) _____
(Full 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 (specify): _____

CAREER CLUSTERS: FOR SOPHOMORES AND JUNIORS ONLY (please circle 1st preference)

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

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

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

Communications (*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 Cluster (cannot repeat cluster):**

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

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: ____/____/____
Reviewed By (**Staff/Volunteer Initial Here**): _____



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YMCA BLACK ACHIEVERS PERMISSION SLIP

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 Staff. 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 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 Code of Conduct. I agree to follow all guidelines indicated in the Code of Conduct. Failure to comply with the guidelines may result in the loss of program service.

I understand 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, **transportation needs**, behavior or mental health issues, etc.):

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

During the calendar year the YMCA 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: child abuse prevention & awareness, drug/alcohol awareness, bullying, vehicle safety, 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 below.

I give my child permission to attend and participate in the special workshops explained above: Yes No

Signature of Parent/Guardian _____ Date _____