



YMCA OF GREATER SPRINGFIELD

Y-AIM OUTREACH CENTER REGISTRATION FORM 2025-2026 SCHOOL YEAR North End Youth Center

Participant's Name: _____
Birth Date: ____/____/____ Age: _____ Gender: _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Cell Phone: _____ Home Phone: _____ E-Mail: _____
Who does child live with: Parent/ Guardian/ Other: _____ Does your child have an IEP/IHP/504/BIP? Yes/ No
School Attending: _____ Grade: _____ Student ID Number: _____
Racial/ Cultural Identity (Please tell us in your own words how you identify with race/ culture or heritage.)

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Email:	Email:
Cell Phone #:	Cell Phone #:
Benefited time to be reach:	

IF PARENTS CANNOT BE REACHED, I AUTHORIZE THE FOLLOWING PEOPLE TO BE
CONTACTED AND PICK UP MY CHILD IN CASE OF EMERGENCY

Name	Relationship to child	Phone Number



YMCA OF GREATER SPRINGFIELD

TRANSPORTATION AUTHORIZATION

Participant's Name: _____

My child will **ARRIVE** at the community outreach center by:

- ☐ Self (Walking)
- ☐ YMCA Transportation (Space Limited)
- ☐ School/City Bus
- ☐ Parent Pick UP

My child will **DEPART** at the community outreach center by:

- ☐ Self (Walking)
- ☐ YMCA Transportation (Space Limited)
- ☐ School/City Bus
- ☐ Parent Pick UP

*Please note all youth are expected to walk home if they live within a one-mile radius of the Outreach Center, if the youth reside outside of the one- mile radius, we may be able to offer limited transportation and bus tokens home. Transportation to the center unfortunately will not be provided. Solely transportation from NEYC to their homes.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT 2017-2018 102 CMR 1.09(3)

I authorize staff that are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child Doctor's Name:	Location/Practice:
Address:	Phone:
Child's Allergies:	Child's Medicines:
Special Concerns:	Health Insurance:
Policy#	

Parent/Guardian Signature: _____ Date: _____



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Y-AIM PROGRAM AUTHORIZATION

(The following are things we do in our program that we need your permission for, they are optional; please check those you choose)

I give permission for:

- ☐ My child may be transported to and from field trips and Special Events.
- ☐ My child may attend all field trips to locations within walking distance of the Program.
- ☐ The YMCA may use my child's picture in the YMCA publicity and media promotions.
- ☐ The YMCA may use my child's picture inside the YMCA buildings.
- ☐ My child may participate in a supervised YMCA gym/swim program.
- ☐ My child May be observed and interact with authorized student interns and volunteers
- ☐ My child may complete their homework at the outreach center

I authorize _____ (optional), to sign/and/or review any Y-AIM documents in my absence.

Parents/Students enter a contract relationship with the YMCA in which both parties agree to certain conditions in writing. Those conditions include the child's schedule, acceptance of the Center's policies, and support of the program

(Not optional): Waiver of Liability: While it is the air and the responsibility of the YMCA of the Greater Springfield to provide your child with a safe and enjoyable experience, you must realize that participation in the YMCA programs has some inherent risks. I hereby release for myself and my child, our heirs, executors, and administrator, and forever discharge the YMCA of Greater Springfield, its agents. servants. representatives and employees for any injuries. loss liability damage or costs which my child may receive/incur as a result of participation in any program/ activity/ service conducted and/or provided by the YMCA of Greater Springfield.

Parent/Guardian Signature: _____ Date: _____



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Springfield Public Schools Data Sharing Consent

(The following gives us permission to share information about your child back and forth with SPS to help with grades and passing, it is optional)

Community Data Warehouse Initiative

Proposed FERPA Consent Language

Last Revised: September 28, 2015

Any community -based organization participating with the Springfield Public Schools in the Community Data Morehouse Initiative (CD) will be required as a condition of their Memorandum of Agreement to include the following language and required signatures in their registration materials. Data will only be shared between an organization and the schools for those students with a signed consent for the current year on file.

By signing below

I, _____ (Parent), the authorized parent/guardian of _____ (Child), authorize YMCA of Greater Springfield (YGS) to share written information on my child's participation and performance in [Y-AIM] with the Springfield Public Schools. Further, I authorize the Springfield Public Schools to disclose information in my child's student record, including but not limited to my child's enrollment, attendance, behavior, and academic performance with (YGS).

I understand that the purpose of allowing this information to be between Springfield Public Schools and the [YGS] is to enable both [YGS] and the Springfield Public Schools to improve the quality and alignment of services and education for my child. I also understand that the shared information will be stored in a secure, password-protected electronic database maintained by the Springfield Public Schools and accessible only to those with authorized access.

I understand that the [YGS] may disclose non-identifiable aggregate student data that may include information regarding my child. I understand that in the event my child is no longer enrolled in the Springfield Public Schools or ceases participation in [Y-AIM], within a reasonable period, both organizations will terminate all information sharing about my child. Both organizations will also terminate any information shared about my child if I revoke this authorization in writing and delivered to [YGS] and Springfield Public Schools.

Student Name: _____

Student ID Number: _____.

Parent/Guardian Signature: _____ (Print)

Parent/Guardian Signature: _____

Date: _____



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Y-AIM YOUTH CONTRACT

Youth Name: _____

I understand and agree that:

- ☐ Mature and responsible behavior is expected from each Teen. Teens should practice the four core values of the YMCA: Caring, Honesty, Respect and Responsibility.
- ☐ Teens will be expected to always adhere to the rules of each Outreach Center or YMCA family Center, including field trips or visits.
- ☐ Center hours are from 2:30 pm to 6:00 pm Monday-Friday. Once teens arrive there is no reentry. If you leave you will not be permitted to return for the remainder of the day.
- ☐ We have a no profanity policy; students are not allowed to swear under any context in our programs.
- ☐ Use of tobacco, drugs, alcohol or any other mind- or mood-altering substance is not allowed. Students found under the influence will be asked to leave and may be terminated from the Y-AIM program.
- ☐ Any student who violates these rules shall be dealt with on an individual basis at the discretion of his/her group leader. The Center Director shall make the ultimate decision. Possible penalties include but are not limited to: Suspension of free time, Loss of field trips or transportation, Loss of program participation.
- ☐ Cell phones and all electronic devices must be turned off during program sessions. Teens may NOT take audio, pictures or video of any staff, student or program participant with that person's explicit consent. There is no implied consent in any circumstance.
- ☐ **Transportation is a limited privilege of the program and not a guaranteed service.** Students who swear, act out in a threatening or violent manner, misbehave, hang from, yell out of or eject items including trash from van windows, abuse or take advantage of transportation, will result in your child losing transportation permanently.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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CONFIDENTIAL HUD

(The following questions are required for our city funding, they are confidential; but not optional)

Parents: This form is completely confidential and will NOT be used to identify you or your family in any way. The data we collect is for our own statistical purposes. This form will be removed from this packet and kept separately. This form is required for your child to participate.

PLEASE DO NOT write your name or any other information that can be used to identify you on the following pages

1. What is your Gender?

- ☐ Male
- ☐ Female
- ☐ Trans
- ☐ Other

2. What is your marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

3. Education

What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- ☐ No schooling completed
- ☐ Nursery school to 8th grade
- ☐ 9th, 10th or 11th grade
- ☐ 12th grade, no diploma
- ☐ High school graduate - high school diploma or the equivalent (for example: GED)
- ☐ Some college credit, but less than 1 year
- ☐ 1 or more years of college, no degree
- ☐ Associate degree (for example: AA, AS)
- ☐ Bachelor's degree (for example: BA, AB, BS)
- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

4. Employment Status

Are you currently...?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work and looking for work
- ☐ Out of work but not currently looking for work
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work



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5. Employer Type

Please describe your work.

- ☐ Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- ☐ Employee of a not-for-profit, tax-exempt, or charitable organization
- ☐ Local government employee (city, county, etc.)
- ☐ State government employee
- ☐ Federal government employee
- ☐ Self-employed in own not-incorporated business, professional practice, or farm
- ☐ Self-employed in own incorporated business, professional practice, or farm
- ☐ Working without pay in family business or farm

6. Housing

- ☐ Is this a house?
- ☐ An apartment?
- ☐ Or a mobile home?
- ☐ Owned by you or someone in this household with a mortgage or loan?
- ☐ Owned by you or someone in this household free and clear Rented for cash rent? Occupied without payment of cash rent?
- ☐ You pay full rent?
- ☐ Subsidized housing with partial rent payment?
- ☐ Subsidized housing with no rent payment?

7. Household Income

What is your total household income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,999
- ☐ \$30,000 to \$39,999
- ☐ \$40,000 to \$49,999
- ☐ \$50,000 to \$59,999
- ☐ \$60,000 to \$69,999
- ☐ \$70,000 to \$79,999
- ☐ \$80,000 to \$89,999
- ☐ \$90,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 or more

8. Ethnicity

Please specify your ethnicity as you feel best

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Other _____

9. Race

Please specify your race as you feel best

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White _____
- ☐ Other _____