



2025 TEEN DEPARTMENT REGISTRATION FORM

Registration Date ____/____/____

PARTICIPANT INFORMATION:

First Name _____ Last Name _____ Date of Birth ____/____/____
☐ ☐

Address _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email Address _____ School _____ Grade _____

Allergies: _____ Medical Conditions _____

How did you hear about us? Social media Flyer School Friend (Name): _____ Other: _____

What do you like to do in your spare time? (hobbies, talents, memberships, clubs)

Out of the following please choose clubs/events/programs that you would like to participate in:

Recreation:

- ☐ Music Club
- ☐ Jewish Culture
- ☐ Holiday Celebrations
- ☐ Trips
- ☐ Shabbatons
- ☐ Movie Nights

Sports:

- ☐ Hockey
- ☐ Basketball
- ☐ Soccer
- ☐ Volleyball
- ☐ Ice Skating
- ☐ Gaga

Social Action/Leadership:

- ☐ Volunteering
- ☐ Leadership Committee
- ☐ Israel Advocacy
- ☐ Songleading

Other (suggestions are welcomed and greatly appreciated) _____

Do you have Shorefront Y membership (gym/pool) ☐ Yes ☐ No If YES, expiration date: ____/____/____

PARENTAL INFORMATION:

Mother's Name _____ Cell Phone _____ Email Address _____

Father's Name _____ Cell Phone _____ Email Address _____

Photo Release

I hereby grant permission, without reservation, to the Shorefront YM-YWHA and the United Jewish Appeal-Federation of Jewish Philanthropies of New York, Inc. ("UJA-Federation"), and those authorized by the Shorefront YM-YWHA and UJA-Federation, to take photographs, to make recordings of my child and to use them in original or modified forms in all media now or hereafter known, with or without my child's name or information about my child, for the promotion, public education, and/or fundraising activities of both organizations. I understand and agree that I am entitled to receive no compensation for the above.

I release The Shorefront YM-YWHA and UJA-Federation its officer, director, agents, employees, independent contractor, licensees and assignees from all claims that I now have or in the future may have in relation to the above.

I agree that The Shorefront YM-YWHA and UJA-Federation will be the sole owners of all tangible rights in the above-mentioned photographs and recording, will full power of disposition.

As parent/guardian of the above-named child, I hereby consent to the foregoing on behalf of the minor and myself

Parent/Guardian Signature _____

SHOREFRONT

YM-YWHA OF BRIGHTON - MANHATTAN BEACH, INC.
TEEN DEPARTMENT PARTICIPANT PERMISSION SLIP

Participant Name _____ Parent/Guardian Name _____

Dismissal Consent

Shorefront Y Teen Participants will be allowed to leave the building on his or her own. We ask you to sign the consent form to confirm that you allow us to release your child from the premises, both during and after Volunteering hours. As parent/guardian of the above-named child, I give permission to leave Shorefront Y premises on his/her own whenever he/she is permitted to do so by designated Shorefront Y supervisors. I further agree to waive the right to press legal charges against Shorefront YM-YWHA in those instances where any demonstrated negligence leads to injury of the above-named child.

Parent/Guardian Signature _____

Waiver of Liability

The Shorefront YM-YWHA provides service for Teen Department Members and Volunteers throughout the year. Our staff is trained to provide protection for your child while in our care. Even with all of these safeguards, injuries can occur. As parent/guardian of the above-named child, I fully understand the risks involved in my child's participation in the all Teen Department and Volunteers activities, both on and off premises. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the educational, sport and recreation programs or work in general. I further agree to waive the right to press legal charges against Shorefront YM-YWHA in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above-named child both on and off premises.

Parent/Guardian Signature _____

Medical Agreement

As parent/guardian of the above-named child, I give my permission for my child to receive whatever emergency medical care that may be deemed needed by Shorefront Y Teen Department and Volunteer personnel for the treatment of any injury that may be incurred during the Shorefront Y's Teen Department and Volunteer activities or swimming, on premises or elsewhere. I understand Shorefront Y will make an effort to contact myself immediately after such emergency treatment is rendered.

If my child requires emergency medical care and I cannot be reached, I give my consent to the Shorefront Y to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this program.

Based on New York City Department of Health regulations, our staff **CANNOT** administer medication. If your child needs to take medication during Teen Department or Volunteer hours, **YOU MUST** make other arrangements. Teen Department Members and Volunteers may not bring any medication to the program. Children are permitted to store an inhaler for asthma at the site, provided inhaler is in original box with instructions.

Parent/Guardian Signature _____

Teen Program Agreement

- The Shorefront YM-YWHA will not be responsible for any lost, stolen, or damaged property.
- The Shorefront YM-YWHA reserves the right to use all pictures taken for publicity purposes.
- The Shorefront YM-YWHA reserves the right to terminate any volunteer or Teen Department members who exhibit serious and persistent behavioral pattern and may pose a risk to him/herself and/or others.
- The Shorefront YM-YWHA reserves the right to suspend and/or terminate any volunteer or Teen Department Member who is caught breaking any of the program, staff, or general Shorefront Y rules. Proper conduct, good behavior, acceptable language and proper use of equipment are expected at all times.

I have completed the form to the best of my knowledge and fully accept the terms of my child's Teen Department Membership or volunteering at the Shorefront YM-YWHA, and I hereby grant permission without reservation for my child to participate in Teen Department and/or volunteer activities on or off Shorefront Y premises with or without the supervision of a Shorefront Y staff member.

Signature of Parent or Guardian _____ Date _____

Signature of Teen _____ Date _____