



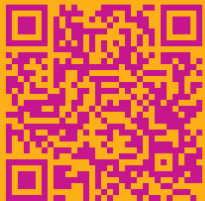
YMCA OF
SNOHOMISH
COUNTY

MY ACHIEVERS PROGRAM

MAP MISSION:

To motivate and support students of color and immigrant students to achieve higher education and career goals.

*All students are welcome



SCAN QR CODE
TO LEARN MORE
OR REGISTER



Welcome to MAP! Here we will do a variety of activities including talking about our futures, discussing volunteer opportunities, practicing healthy habits both mental and physical and so much more! Join us every Tuesday after school!

WHEN: Tuesday 5-6 pm

WHERE: Stanwood-Camano YMCA

COST: FREE!

School District Distribution Disclaimer

"The Stanwood-Camano School District has neither reviewed nor approved the program, personnel, activities or organizations announced in this flier, and undertakes no responsibility to supervise these events. This information is provided as a community service at the request of the event sponsor and organizer. This is not a district sponsored or endorsed event."





YMCA OF SNOHOMISH COUNTY

MY ACHIEVERS PROGRAM REGISTRATION

STUDENT INFORMATION			
NAME	First Name:	Middle Name:	Last Name:
	Date of Birth: //		Gender:
HOME	Street Address:		Apt/Unit #:
	City/State/Zip:		Home Phone:
	Student Email Address:		
PARENT/GUARDIAN INFORMATION			
Parent/Guardian 1 Name:		Last Name:	Work or Cell Phone Number:
Email Address:			
Parent/Guardian 2 Name:		Last Name:	Work or Cell Phone Number:
Email Address:			
EMERGENCY CONTACT INFORMATION			
Name:		Last Name:	Phone Number:
Relationship to Student:			

Participation and Release of Liability

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the YMCA of Snohomish County and its branches. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Permission for data collection: I give permission for the YMCA to maintain data on my child's participation in MAP activities and educational achievement that help the program assess MAP student outcomes and improve MAP programming. In doing so, I give explicit permission for designated MAP program staff and persons authorized by MAP staff to collect school record data from my child's school for the purpose of assessing MAP student outcomes. I understand that such information will not be revealed in any way that would identify my child publicly.

- I understand MAP field trips permission forms are required for field trips outside of Monroe school district.

Signature of Parent/Guardian: Date:

Printed Name of Parent/Guardian: