



Youth Program Registration



Youth Volunteer Corps Summer of Service 2019 Registration Instructions

1. Registrations are accepted in-person at the CYC office 1446 MLK Jr Pkwy Des Moines, IA 50314, and via email at yvc@cyconcepts.org . Registration will remain open until all camps are full. Registration for each week is capped at 15 students.
2. Please note there is a \$150/week fee for each Youth Volunteer who participates in the summer program, with sliding fee scholarships available for those in need. **Registration form will be complete and student's spot will be held as soon as fee is received.** Fees may be delivered to our office by cash or check, or on the Community Youth Concepts website: cyconcepts.org/donate
3. We will confirm your registered weeks and scholarship (if applicable) via email.
4. Camp runs Monday through Thursday from 9:00am-4:00pm. Youth must commit to attending the full week of camp. YVC staff should be notified in advance if a student will be arriving late or will be missing a day.

By registering for summer programming with Youth Volunteer Corps of Des Moines, the youth volunteer agrees to be on time and serve all scheduled hours OR notify staff in advance if you cannot, to maintain a positive attitude and show respect to everyone at the project, and to abstain from profanity, drugs, tobacco, alcohol, sexual activity or violence during programming. In turn, YVC staff agrees to treat all youth volunteers with respect, to provide appropriate duties that match volunteer interests when possible, to provide CPR-trained youth supervisors, and to provide confirmation of student service hours when requested.

There is a \$150 participation fee for each week, with scholarships available (contact yvc@cyconcepts.org). Lunch, snacks and transportation to off-site projects will be provided.

Community Youth Concepts
1446 Martin Luther King Jr. Parkway | Des Moines, IA 50314
Email: yvc@cyconcepts.org | Phone: 515-243-4292



Youth Program Registration

Confidentiality: Any confidential information requested is for our records. Your answers will be kept secure and will not be shared with another party. Your cooperation in providing this information is both appreciated and necessary.

YOUTH INFORMATION

Name _____ **Nickname** _____
First Middle Last

Date of Birth _____ **Gender** _____

School _____ **Student ID Number** _____ **Grade** _____

Address _____ **City** _____ **Zip Code** _____

Primary Phone Number _____ **Email Address** _____

Please mark all that apply.

Ethnicity:	Black/African-American	Household type:	Family
	White/Caucasian		Family Foster Care
	Hispanic/Latino		Group Home/Residential
	Asian		Independent Living Foster Care
	American Indian		Kinship Care/Extended Family
	Pacific Islander/ Hawaiian		Other _____
	Other _____		

YOUTH VOLUNTEER CORPS SUMMER CAMP REGISTRATION

Please check the box for each week of camp the youth volunteer will be participating in. There is a \$150 participation fee for each week, with scholarships available (contact yvc@cyconcepts.org). Lunch, snacks and transportation to off-site projects will be provided.

June 10-13

June 24-27

July 8-11

July 22-25

As part of program registration, each youth volunteer will receive a YVC t-shirt. Please indicate which size is desired (sizes are standard adult unisex)

XS **S** **M** **L** **XL** **XXL** **Other** _____

Lunch and snacks will be provided for each student volunteer. Please indicate any dietary restrictions for your student.

Gluten-free	Nut Allergy
Dairy-free	Vegetarian
	Other _____

Payment Method:

Online at cyconcepts.org/donate **Cash or Check** **Request Scholarship application**

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EMERGENCY MEDICAL INFORMATION

Insurance Company _____ Insurance Policy Information _____

Medications _____ Medical Considerations/Allergies _____

Hospital _____ Doctor's Name _____ Phone Number _____

MEDICATION

- This student will not take any daily medications while attending programming.
- This student will take the following daily medication(s) while attending programming:

Name of Medication	Reason for taking it	When it is given	Dosage

The following non-prescription medications may be stocked at programming facilities and are used on an as needed basis to manage illness and injury. **Cross out those the student should not be given.**

- | | |
|---|------------------------------|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Sunscreen |
| Generic cough drops | Antibiotic Cream (Neosporin) |
| | Bug Spray |

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name* _____ Gender _____
First Middle Last

Address _____ City _____ Zip Code _____

Home/Cell Phone Number _____ Work Phone Number _____

EMERGENCY CONTACT AND/OR PICK UP INFORMATION

Please list two people (not parents or guardians) who may be contacted in the case of an emergency.

Name* _____ Relationship _____
First Middle Last
Phone Number _____

Name _____ Relationship _____
First Middle Last
Phone Number _____

If someone not listed is to pick up youth, parents must call to authorize.

Do any of the following situations apply to your youth volunteer? No Yes

- | | |
|---|----------------------------------|
| Qualifies for free or reduced school lunch | Living with a disability |
| Completing Court ordered service/former juvenile offender | In or aging out of foster care |
| At risk to leave high school without graduating | Not currently enrolled in school |
| Homeless or has run away | Has limited English proficiency |

Please note, this information is kept confidential and will not affect the youth's ability to participate in programming. It is collected for anonymous grant reporting and program improvement purposes only.

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YOUTH INFORMATION

Student Name _____
 First _____ Middle _____ Last _____

Date of Birth _____ Gender _____

School _____ Student ID Number _____ Grade _____

PARENTAL/GUARDIAN AGREEMENT

**Please initial each item to indicate agreement to comply.*

_____ *I authorize CYC to transport my youth to any field trips within the regularly scheduled program hours. I understand that only field trips or activities that function outside of regular scheduled hours will require my permission.*

_____ *When in the course of regular programming, I authorize CYC to photograph and capture video of my youth for publications and/or media presentations. If applicable, I authorize members of the media to photograph and capture video of my youth engaging in CYC activities or special events. I also authorize my youth to use CYC’s network and internet services.*

_____ *Additionally, I authorize CYC and/or contracted researchers of CYC to involve my youth in outcome measurement and evaluation of programs, and I give my permission for my youth’s school to release information to CYC regarding my youth’s grades, attendance, and disciplinary referrals. I understand that any data or information obtained from these activities will be treated with utmost confidentiality and my youth will not be individually identified as a participant.*

I understand that my signature authorizes the following:
 Community Youth Concepts (CYC) is permitted to act on my behalf in case my youth is victim of a major accident, injury, or illness when immediate medical or surgical care is needed; provided a member of CYC staff has made effort to first notify me of the situation and determine what my preferences are. If efforts to reach me are unsuccessful, I authorize duly licensed medical professionals to take such actions as their judgment dictates. I further agree that neither CYC, nor any person associated with CYC, has any responsibility of any kind to me or my youth from any claims arising from any accident, injury, or illness, which my youth may suffer as a result of any such health care of medical treatment.

I understand that CYC expects youth to respect program participants and leaders, and any behavior that jeopardizes the safety of others may be considered grounds for removal from the program.

Signature of Youth

Signature of Parent/Guardian

Date

I would NOT like to receive Newsletters from Community Youth Concepts.