



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUR COLLEGE BLUEPRINT



College Application Readiness Summer Program

- 🎓 Discover your college options and create your college list
- 🎓 Receive advising on your college personal insight questions
- 🎓 Get coaching on interviewing skills and self-promotion

## Enroll by June 22

Early Summer Session: July 11 to 18

Late Summer Session: August 1 to August 8

YMCA Teen Center

Cost: \$50

For more information, contact Jose Herrera at [jcruz@ymca-cba.org](mailto:jcruz@ymca-cba.org)



# COLLEGE BLUEPRINT PROGRAM REGISTRATION FORM

## YMCA-PG&E Teen Center

*One form per participant is required. Both sides must be filled out completely. Please print clearly for us to process registration.*

### Description

This program helps high schools students understand college applications process, college admissions essays, and provide coaching with interviewing skills.

### Session

Select the session you would like to register:

- Early Summer Session - July 11 to 18, from 10:30AM to 3:30PM.**

Note that this session runs starts on Wednesday, July 11 goes through July 18. We would have optional programming on Saturday, July 14. There is no programming on Sunday, July 15.

- Late Summer Session: August 1 to August 8, from 10:30AM to 3:30PM.**

Note that this session runs starts on Wednesday, August 1 goes through August 8. We would have optional programming on Saturday, August 4. There is no programming on Sunday, August 5.

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Expected Year of High School Graduation: \_\_\_\_\_

Has the student taken the SAT?  YES  NO Has the student taken the ACT?  YES  NO

Does the student have any special physical, behavioral and/or learning needs our staff should be aware of?

Please explain: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian 1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_ Can we send a text to this number?  YES  NO

Parent/Guardian 2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Best phone number to contact you: \_\_\_\_\_ Can we send a text to this number?  YES  NO

Are there any custody concerns that we should be aware of?

### Emergency Contact / Child Release Authorization

The YMCA-PG&E Teen Center has my unrestricted permission to release the named minor at any time to the following individuals and to contact them in case of an emergency if the parent(s)/guardian(s) are unavailable:

Contact 1 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact 2 Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Participant Health Information

To be completed by parent/guardian. If your child has special needs, please contact the Academic Programs Manager at 510 542 2124.

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Dental Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

Medicines Currently Taking \_\_\_\_\_ Known Allergies \_\_\_\_\_

## Medical Consent

As the parent, legal guardian, or authorized representative, I hereby give consent to the YMCA-PG&E Teen Center to provide all emergency dental or medical care prescribed by a duly licensed physician (MD or DO) or dentist (DDS) for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Statement of Commitment

Student and parent/guardian, please read these statements below, sign and initial where indicated [\_\_\_/\_\_\_]. This commitment must be signed and initialed by both the student applicant and his/her parent or guardian.

In order to be a College Blueprint Program (BP) participant in good standing:

- Each session, I will attend the 6 required workshops (4 hour each workshop + 1 hour lunch break). \_\_\_/\_\_\_
- I will complete all tasks assigned for group meetings by the deadlines set by the program. \_\_\_/\_\_\_
- I will have no more than 2 absences during each session. \_\_\_/\_\_\_
- I will have no more than 3 tardies during each session. (Being late for more than 30 minutes be considered as an absence and can jeopardize continuation in the program.) \_\_\_/\_\_\_
- I understand I may be required by the program staff to do more than the minimum program requirements. \_\_\_/\_\_\_
- As a parent or guardian, I am committed to attend program any activity when my attendance is required and requested. \_\_\_/\_\_\_
- I agree to follow any new expectations during the year set by the College Blueprint Program. \_\_\_/\_\_\_

By signing below, I agree to abide by the rules and regulations set by the program. I understand that if I fail to satisfy any of the requirements above, I may be dropped from the College Blueprint Program without any reimbursement. Any new expectations or regulations are subject to change based on program improvement. I also certify that I have considered each question and commitment on this application carefully and that my statements are true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Payment Form

Participant's First and Last Name: \_\_\_\_\_

**Primary Form of Payment (Personal checks or money orders are accepted only for the full fee)**

**Cash: I am including the \$50 payment in cash.**

**Credit Card**

**OR**

**Bank Draft/EFT**

Name on Account: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Last 4 digits on card: \_\_\_\_\_

Last 4 digits of Routing Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Last 4 digits of Account Number: \_\_\_\_\_

**Secondary Form of Payment (Personal checks or money orders are accepted only for the full fee)**

This account will be used when the Primary Form of payment is returned. It will be drafted automatically with a \$25 fee.

**Credit Card**

**OR**

**Bank Draft/EFT**

Name on Account: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Last 4 digits on card: \_\_\_\_\_

Last 4 digits of Routing Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Last 4 digits of Account Number: \_\_\_\_\_

**Agreement- Please initial**

\_\_\_\_\_ Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur \$25 returned payment fee. This is in addition to any fees charged by the bank. In the event a payment is returned, we will automatically redraft, using the second form of payment and will include the \$25 return payment fee.

\_\_\_\_\_ The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

**I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





The next section is the YMCA Teen Center membership form.

**Only new** Teen Center members need to fill the Teen Center application.

If you are already part of a YMCA Teen Center program such as Y&G or Y-Scholars, you do not need to fill this form.

Thank you,  
Jose Herrera Cruz  
Associate Academic Manager  
YMCA-PG&E Teen Center







**FOR YMCA ADMINISTRATION ONLY:**  
Date Received: \_\_\_\_\_ Date Entered in DAXKO: \_\_\_\_\_ Entered by: \_\_\_\_\_ Member ID: \_\_\_\_\_

**Participant Name (1 person per packet)**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Other  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Birth date (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_ School: \_\_\_\_\_ Grade: \_\_\_  
\_\_\_\_ African American \_\_\_ Asian/Pacific Islander \_\_\_ Caucasian \_\_\_ Hispanic/Latin  
\_\_\_\_ Middle Eastern \_\_\_ Multi-Racial \_\_\_ Native American \_\_\_ Other \_\_\_\_\_

**Parent/Guardian (Primary)** Main adult contact person living with this delegate

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian (Secondary)** Alternative adult contact person for this delegate

First: \_\_\_\_\_ Last: \_\_\_\_\_ Birth date (mm/dd/yyyy): \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Family Information**

Main Language Spoken at Home: \_\_\_\_\_ Main Language Spoken by Parents: \_\_\_\_\_

Family Income:

\_\_\_\_ Under \$20,000                      \_\_\_\_ \$50,001 to \$60,000  
\_\_\_\_ \$20,000 to \$30,000                \_\_\_\_ \$60,001 to \$70,000  
\_\_\_\_ \$30,001 to \$40,000                \_\_\_\_ \$70,001 to \$80,000  
\_\_\_\_ \$40,001 to \$50,000                \_\_\_\_ Over \$80,000

Family information collected here is used by the YMCA strictly for data collection to be used for reporting and funding purposes only.

Total Number of People in Household: \_\_\_\_\_

Does the participant qualify for free/reduced lunch? \_\_\_ Yes \_\_\_ No

**YMCA of the Central Bay Area**  
**RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

**Parent/Guardian Name (Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Name (Print):** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## **YMCA-PG&E Teen Center Code of Conduct**

The YMCA-PG&E Teen Center is committed to providing a safe and welcoming environment for all members and guests. To promote the safety and comfort for all, we ask you to act appropriately at all times when you are in the facility or participating in YMCA programs by following our Code of Conduct:

- 1) I understand I must scan my assigned YMCA ID card to enter the premise.
- 2) My parents/guardians and I understand that we are expected to behave in a mature and responsible way and to respect the rights and dignity of others.
- 3) My parents/guardians and I understand prohibited actions at the YMCA-PG&E Teen Center include:
  - A. Using language or performing actions that can hurt, frighten, or disrespect another person or that falls below a generally accepted standard of social conduct. This includes harassment, threats, or bullying by word(s), gesture(s), body language, attire, or any menacing behavior.
  - B. Using, possessing, and/or consuming alcoholic beverages, tobacco products, or illegal drugs
  - C. Demonstrating any sexual activity or making sexual contact with another person
  - D. Carrying or concealing any weapons, devices, or objects that may be used as weapons;
  - E. Stealing or carrying out any behavior that results in the loss or destruction of YMCA, member, or guest property
- 4) My parents/guardians and I are responsible for the entire cost of any repairs or replacements due to any damages, vandalism, or loss caused by me.
- 5) My parents/guardians and I understand that terminations from the YMCA-PG&E Teen Center are not eligible for any refunds or credits for programs, activities, and events.
- 6) In order to carry out these policies, all members and guests are required to identify themselves to staff when asked.

The Executive Director of the Teen Center will investigate all reported incidents. Suspension or termination of YMCA membership privileges may result from a determination by the Teen Center Executive Director if in his/her sole discretion a violation of the YMCA-PG&E Teen Center Code of Conduct has occurred.

My parents/guardians and I have read and understand this Code of Conduct. We understand that these are primarily the basic rules of participation. There are other rules that may apply. We will abide by all of the above regulations or may risk termination from the YMCA-PG&E Teen Center.

## **YMCA-PG&E Teen Center Academic Record and Media Release**

### **Academic Record Release**

I, as the parent/guardian, hereby understand and acknowledge that, in the course of performing services on behalf of my child, YMCA staff and volunteers may meet with him/her in one-on-one and group settings at the YMCA-PG&E Teen Center and other locations. Staff may also have access to and make and receive copies of my child's school records, including grades, attendance, discipline, standardized test scores, and college application materials through the completion of 12<sup>th</sup> grade if required for program activities. I understand that these records will be used to monitor my child's academic progress and determine what academic support services are needed for him/her. These records will be kept in strict confidence, and will be distributed to program staff and volunteers only.

### **Media Release**

I hereby understand and agree that permission is granted for photograph, video, audio recording, or any other media form of my child that are taken during his/her participation in program, activities, or events at the YMCA-PG&E Teen Center, in any format including electronic media, to be used by the YMCA-PG&E Teen Center and the YMCA of the Central Bay Area for any purpose, including publicity. The participant and his/her parents hereby waive and forever relinquish any rights to such images, waive the right to prior notice of such use, and acknowledge the right for the YMCA-PG&E Teen Center and the YMCA of the Central Bay Area to use such images without compensation.

### **Signature of Agreeance**

I, the undersigned, have read, understand, and agree to all statements written on this page.

Parent Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_  
Date: \_\_\_\_\_