

# Leadership Class 3 Annual Registration

(TLP teens entering 11<sup>th</sup> grade in the upcoming Fall Semester)

\*\* This annual registration is a required document for all teens.



Check which summer session you would like to attend. Sessions will be assigned on a first come, first serve basis. Registration must be complete before a session can be assigned. We will send you confirmation of your assigned session during the spring.

- \_\_\_\_\_ Session 1: Sunday, June 18 - Tuesday, June 27
- \_\_\_\_\_ Session 2: Sunday, July 9 - Tuesday, July 18
- \_\_\_\_\_ Cannot attend session - I will contact Wyman to discuss my options

## Teen Information:

\_\_\_\_\_ First Last nickname?  
 Birthday: \_\_\_\_\_ Gender: M F Circle your T-shirt Size (Adult Sizes): S M L XL 2XL 3XL 4XL  
 What school will you attend starting fall of 2017? \_\_\_\_\_  
 What grade will you be in starting fall of 2017? (circle one) 9 10 11 12  
 Teen Cell Phone: \_\_\_\_\_ Teen Email address: \_\_\_\_\_  
 Teen Home Address: \_\_\_\_\_  
 \_\_\_\_\_ Street address  
 \_\_\_\_\_ City State Zip Code

## Parent/Guardian Information: (Please notify Wyman if any changes occur.)

|                       | Parent/Guardian #1 | Parent/Guardian #2 |
|-----------------------|--------------------|--------------------|
| Names:                | _____              | _____              |
| Relationship to teen: | _____              | _____              |
| Cell Phone:           | _____              | _____              |
| Email:                | _____              | _____              |
| Home address:         | _____              | _____              |
|                       | _____              | _____              |
| Place of Employment:  | _____              | _____              |
| Work Phone:           | _____              | _____              |

## Additional Adult Contacts In Case of Emergency:

|                       | Emergency Contact #1 | Emergency Contact #2 |
|-----------------------|----------------------|----------------------|
| Name:                 | _____                | _____                |
| Relationship to teen: | _____                | _____                |
| Home Phone:           | _____                | _____                |
| Cell Phone:           | _____                | _____                |
| Work Phone:           | _____                | _____                |

Is this person permitted to pick up your teen from Wyman? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ No

We report to the United Way and other donors regarding the overall demographics of the communities that we serve. Please complete the following section to your best ability. **\*\*All personal information is confidential\*\***



1. Please circle your household make-up.

- a. Both Parents
- b. Single Parent
- b. Permanent Guardian(s)
- d. Temporary Guardian(s)/Foster Parents
- e. Other Relatives: \_\_\_\_\_

2. Total Yearly Family income\*\*: \_\_\_\_\_

*\*\*Family Income includes income from any sources such as government aid; retirement; disability; unemployment, etc.*

3. Number in Household: \_\_\_\_\_

4. Please circle: Do you RENT or OWN your home?

5. What is your county of residence? \_\_\_\_\_

6. What language(s) are spoken in your home?

- a. English
- b. Spanish
- c. Vietnamese
- d. Other(s) Please list: \_\_\_\_\_

7. Please circle highest level of education for Mom/Caregiver?

- a. No High School
- b. Some High School
- c. Completed High School/GED
- c. Some college
- d. Associates
- e. Bachelor's
- f. Master's

8. Please circle highest level of education for Dad/Caregiver?

- a. No High School
- b. Some High School
- c. Completed High School/GED
- d. Some college
- e. Associates
- f. Bachelor's
- g. Master's

**Insurance Information -**

**(Photocopy of front and back of health insurance card must be submitted with form.)**

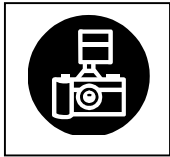
Is the participant covered by family medical/hospital insurance?

\_\_\_\_\_ Yes Indicate carrier name or plan name \_\_\_\_\_ Group# \_\_\_\_\_

\_\_\_\_\_ No I, \_\_\_\_\_, declare, that at this time, my teen is without medical coverage.

*\*\*Should your teen become ill or injured while at Wyman, please be advised that personal health coverage, Medicare & Medicaid are primary. Be sure we have your policy #.*

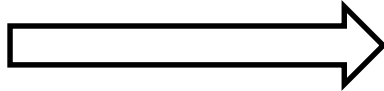
## Youth Participation Consent and Acknowledgement of Risk & Consent to Participate in Adventure Activities



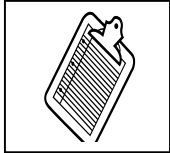
### Consent to Use Photographs – Please **initial all consents**.

I give my consent to Wyman to use videos and/or photographs of my teen for brochures, to display in photo albums, in advertisements, or for other publicity purposes.

\_\_\_\_\_ Yes      \_\_\_\_\_ No      If my teen's photo is used, he/she may be identified by the following:



- \_\_\_\_\_ photo only, no name
- \_\_\_\_\_ first name only
- \_\_\_\_\_ first and last name



### Consent to Participate in Surveys & Data Collection

Wyman conducts surveys to determine the impact of the program experience. Surveys consist of questions about programs and about behavior. Responses are confidential.

\_\_\_\_\_ Yes      \_\_\_\_\_ No



### Permission to Release Contact Information to Wyman Affiliates

I grant permission to Wyman Center to publish my teen's name, address, telephone number, and e-mail address in a directory for distribution to members of the Wyman Community including teens, staff members, and school or agency contacts. This information will never be released to vendors or individuals not affiliated with Wyman Center.

\_\_\_\_\_ Yes      \_\_\_\_\_ No



### Permission to Access School Records

I grant permission to Wyman Teen Leadership Program to access my teen's grade reports, performance, and attendance records through his/her school while involved with WTLP. My teen's report card may be photo-copied and the Wyman Team may contact my teen regarding grades, ACT and SAT scores. I understand that this is for the purpose of assessing the impact of WTLP on academic enrichment and is reported to Wyman's funding sources. I understand that my teen's name will not be linked to any program reports that utilize this information.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

I, the undersigned, am the parent or Legal Guardian of the youth named on this application who is applying to participate in programs provided by Wyman during the year 2016-2017. I am aware that there are potential hazards and risks involved in some programs. I am willingly allowing the teen named on this application to participate in all aspects of Wyman programs (including field trips, transportation and meetings with teens at their respective schools) under the supervision of Wyman staff.

*Your teen may have the opportunity to participate in adventure activities like canoeing, caving, climbing, & the high ropes course. This portion must be signed to allow participation.*

- I am aware that during adventure activities in which my teen is participating under the arrangement of Wyman, certain dangers may occur. These include, but are not limited to, traveling in rugged terrain; accidents or illness in remote areas without access to medical facilities; and the forces of nature.
- I understand that Wyman uses the "Challenge by Choice" philosophy, which encourages teens to participate at least at some level in adventure activities in order to stretch their understanding of what they're capable while respecting any real or perceived barriers the student may experience.
- I acknowledge that there can be no guarantee of absolute safety against risk and unforeseen accidents. I understand that although Wyman has taken precautions to provide proper organization, supervision, instruction, and equipment for each activity, it is impossible to guarantee absolute safety. I willingly consent to my teen's participation in Wyman's adventure activities.
- I agree to hold harmless and indemnify Wyman, its' Board of Trustees, and/or its' employees, agents, or lessors from any and all claims by myself, my teen, my heirs, my family, or my assigns.
- I accept responsibility for verifying my teen's health and medical history and certify that he/she has no physical or psychological problems that would prohibit participation in adventure activities.

I have carefully read this acknowledgement and sign this of my own free will.

**Signature of Parent or Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# MEDICAL CONSENT

## **Important — these boxes must be complete for attendance\***

This health history is correct and complete as far as I know. The person herein named has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purposes of disclosing protected health information pursuant to the privacy regulations promulgated

pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (i) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; and (ii) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I can not be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. **I, the parent/guardian of the participating teen, will be responsible for any medical expenses occurring while teen is in Wyman programming.**

Signature of parent or guardian \_\_\_\_\_

Printed Name \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in activities.

Signature of minor \_\_\_\_\_ Date \_\_\_\_\_

*\*If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

**HEALTH HISTORY**

The following information must be filled in by the parent/guardian of teen participant. The intent of this information is to provide Wyman health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to Wyman health personnel upon participant's arrival at Wyman. Provide complete information so Wyman can be aware of your needs.

**ALLERGIES** List all known. Describe reaction and management of the reaction.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOOD ALLERGIES** (list)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other allergies (list)—include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICATIONS BEING TAKEN:**

Please list all medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time while at Wyman. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medication on a routine basis.

This person takes medication(s) as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medications.  
Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

\_\_\_\_\_

**RESTRICTIONS**

The following restrictions apply to this individual.

**Dietary**

Does not eat red meat                       Does not eat pork                       Does not eat eggs

Does not eat poultry                       Does not eat seafood                       Does not eat dairy products

Other (describe) \_\_\_\_\_

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary) \_\_\_\_\_

\_\_\_\_\_

**General Questions** (explain "yes" answers below.)

| Has/does the participant   | Yes                      | No                       |   | Yes                      | No                       |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease?.....                    | <input type="checkbox"/> | <input type="checkbox"/> | 15. Ever been diagnosed with a heart murmur?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?.....                           | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had problems with joints (e.g., knees, ankles)?.     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 17. Have any skin problems (e.g., itching, rash, acne?)...    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have diabetes?.....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches?.....   | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have asthma?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 20. Had mononucleosis in the past 12 months?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?.....   | <input type="checkbox"/> | <input type="checkbox"/> | 21. Had problems with diarrhea/constipation?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ever passed out during or after exercise?.....                                | <input type="checkbox"/> | <input type="checkbox"/> | 22. Wear glasses, contacts or protective eye wear.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 23. If female, have an abnormal menstrual history?.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever had high blood pressure?.....   | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have a history of bed-wetting?.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?.....                               | <input type="checkbox"/> | <input type="checkbox"/> | 25. Ever had back problems?.....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had seizures?.....  | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have problems with sleepwalking?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise.....                            | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had an eating disorder?.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had emotional difficulties for which professional help was sought?..... | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have an orthodontic appliance being brought to camp?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any "yes" answers, noting the number of the questions.

---



---



---

Are teen's immunizations current?  yes  no

Date of teen's latest tetanus shot? \_\_\_\_\_

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which Wyman should be aware.

---



---



---

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Physicals are not required for LC3 teens!**

# Wyman Teen Leadership Program

## Over-the-Counter (OTC) Medications Release

I hereby give permission to Wyman Center to administer the following over-the-counter medications, or suitable generic substitute, to the below named teen participant if the Wyman medical staff deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I hereby certify that I, or my teen, have not in the past shown any allergic or other adverse reaction to any of the medications which you are hereby authorized to administer.

**Draw a line through any medication on the list that you do NOT authorize using and initial and date next to the medication.**

| For...              | I consent to the use of...                         |
|---------------------|--|
| Headache            | Tylenol  |
| Upset Stomach       | Pepto Bismol, Mylanta, Tums or similar product     |
| Diarrhea            | Immodium AD, Kaopectate                            |
| Menstrual Cramps    | Ibuprofen  |
| Poison Ivy          | Calamine Lotion, Cortaid, Caldyphen or Caladryl    |
| Itching, hives      | Benadryl   |
| Cough               | Cough drops such as Robitussin or Cepocol lozenges |
| Sinus Headache      | Dristan Cold, Sudafed                              |
| Congestion          | Pseudoephedrine with Tylenol                       |
| Sunburn             | Cool gel or burn spray                             |
| Bee Sting           | Stingkill  |
| Cuts or scrapes     | Triple antibiotic ointment                         |
| Chapped Lips        | Blistex or similar lip balm                        |
| Toothache/sore gums | Orajel   |

Teen participant's name \_\_\_\_\_

Parent or Guardian's name \_\_\_\_\_

Parent or Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_



Transforming Teens. Changing Communities.

## **PARENT/ GUARDIAN AND YOUTH Participation Agreement**

### **TO BE READ, DISCUSSED AND AGREED TO BY BOTH PARENT/ GUARDIAN AND YOUTH:**

The Wyman TLP philosophy of behavior management is based on best-practices in youth development and Wyman's 110+ years of youth work. As a result:

- ✓ high expectations are set for teens and high support is provided for them to meet the expectations
- ✓ youth are involved in rule-setting and help to determine the consequences for misbehavior;
- ✓ the site and activities are set up to promote positive interaction among youth; and
- ✓ staff encourage youth to learn to solve problems and settle differences among themselves.

### **ALL BEHAVIORAL SITUATIONS ARE TYPICALLY MANAGED USING THESE STEPS:**

When a youth's behavior creates a risk for the physical health and safety of another youth or the staff, the following procedures shall be followed.

1. The youth is separated from the problem activity or situation.
2. A staff member listens to the youth and works with them to identify the need the teen is trying to meet. They then work out a plan to meet the need in the future in a more appropriate way.
3. Repeated situations will be handled by a telephone conversation or conference with parent/ guardian.
4. The parent/ guardian, youth and staff agree to a plan. If the teen does not agree to the plan, they may be dismissed from the program.

### **Cornerstone Code**

The Cornerstone Code provides a consistent language for expressing expectations to teens around behavior and standards. The Wyman Teen Leadership Program expects youth to:

- ✓ Represent Yourself and Your Community Well
- ✓ Build the Future You Wish to See
- ✓ Hold to a High Standard
- ✓ Respect Yourself and Each Member of our Community



## Wyman Teen Leadership Program Policies

### Alcohol/ Illegal Drugs/ Weapons

Possession or use of any of the above is strictly prohibited and any violation assures immediate dismissal. Weapons are defined as guns of any kind (including toy guns), switchblades, or box cutters.

### Tobacco Products

**Use of tobacco products** (cigarettes, cigars, chewing tobacco) **is not allowed.** Any such item will be immediately confiscated and the incident reported to parents/ guardians. Repeat offense may result in dismissal from program.

### Unsafe and Destructive Behavior

Youth are expected to conduct themselves appropriately at all times. Youth are expected **not to** engage in any explicit sexual behaviors while attending the Wyman TLP events. This includes but is not limited to flirting, hand-holding, and kissing. Youth are not allowed in areas that are deemed off limits at anytime, (e.g.: opposite gender cabins/ tents, out of cabin after lights out without permission.) Any violation may result in immediate dismissal.

### Attire

Staff hold each youth responsible for wearing suitable clothing and starting each day clean and groomed. Wyman Teen Leadership staff reserves the right to determine what safe and appropriate apparel is and what is an acceptable appearance for youth. Clothing should be in good taste and not be disruptive by exposing too much, or promoting unhealthy behaviors or products.

### Leaving Premises Unescorted

**Teens are not allowed to leave premises or jurisdiction,** unless escorted by a staff or a parent/ guardian after notifying the program manager. This includes Wyman property and program sites. Any violation may result in immediate dismissal.

### Personal Integrity/ Privacy

Use of profanity, stealing, damaging property, lying, cheating, fighting, or harassment may lead to immediate dismissal. Intentional damage to any property will be repaired/ replaced at the offending participant's (or their guardian's) expense.

**In addition, youth and parents are expected to attend Wyman programs. This is critical for youth to remain in the Wyman Teen Leadership Program.**

This statement, when signed by the participant and his/ her parent/ guardian, serves as a **Participation Agreement** with the Wyman Teen Leadership Program. All teens are expected to act in a responsible and courteous manner at all times, and to be familiar with Wyman Teen Leadership Program Policies. Teens are also expected to adhere to the guidelines set forth by the Wyman Teen Leadership Program Staff. This Agreement is subject to change based on leadership class expectations.

## **WE HAVE READ THIS PARENT/ GUARDIAN AND YOUTH PARTICIPATION AGREEMENT AND AGREE TO ITS TERMS**

---

PARENT

DATE

---

YOUTH

DATE