



YMCA Teen Leadership Trip to Japan July 19th – August 1, 2009

Application Packet

Return with a \$100 deposit by March 27, 2009
(\$25 deposit if you plan to apply for financial assistance)

Mail to:

Northshore YMCA
Attn: Zemorah Murray
11811 NE 195th Street
Bothell WA 98011

Participant Name:	
Street Address:	
City/State/Zip:	
Home Phone:	
E-mail:	

**YMCA of Greater Seattle
2009 Assumption of Risk and
Release from Liability**

Participant Name: _____

The YMCA of Greater Seattle is proud to provide the Teen Leadership Trip to Japan. Traveling abroad, by its very nature, carries a significant risk to one's safety. Although we do not want to diminish your enthusiasm for the experience, we do want you to know in advance what to expect, and what some of the potential risks are by participating in this activity.

AWARENESS OF RISKS: The participant and the parent or guardian ("we") understand YMCA staff members will be leading the trip, but they are not able to directly supervise or be with participants at all times. We understand participants must follow safety instructions, respect local laws and customs, and refrain from behavior that is harmful to others or themselves. We understand that participants will be exposed to certain risks and hazards inherent to traveling abroad, including transportation by plane, bus, taxi and other methods common to other cultures. Unusual activities may include light manual labor in service projects, attending the Kobe YMCA summer camp and living (sleeping and eating) in host homes in Kobe. Risks include, but are not limited to, severe illness, getting lost, accidents while being transported, falls, robbery, assault, and severe weather conditions. Consequences of such accidents or events could be strained muscles, broken bones, abrasions, mental strain and anguish, concussions, spinal injury and even permanent disabilities or death. In consideration for being able to participate, we agree to accept these and other unforeseen risks.

MEMBER HEALTH: We represent that the program participant is in physically sound condition, and understand that participation in travel abroad carries a potential risk of injury or illness. We agree to inform the staff person in charge about any special health conditions or medical needs which may be affected by this activity. We further understand that the YMCA of Greater Seattle assumes no responsibility for any such injury or illness.

MEMBER CONDUCT: We have signed the Global Teens Contract, and agree to abide by the YMCA code of conduct and all rules and regulations of the trip, and we understand that failure to act in accordance with the rules may result in early removal from the trip and return home. We agree to pay all extra expenses involved in early removal.

PROPERTY LOSS: We understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.

PHOTOGRAPH PERMISSION: We hereby give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include participant's image or voice for purposes of promoting or interpreting YMCA programs.

INSURANCE: We understand it is the responsibility of every individual, his or her parent or legal guardian, to provide for his or her own accident and health coverage while participating in any YMCA activity. The YMCA does not provide any accident or health coverage for its participants. We understand it is our responsibility to provide for health and accident coverage while traveling overseas on this trip.

MEDICAL TREATMENT: We hereby give permission for the participant to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. We also give permission to be transported by ambulance or aid car to an emergency center for treatment. In the event that the participant cannot respond, we further consent to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections and drugs) to be performed by a physician or hospital selected by the YMCA staff when deemed immediately necessary or advisable by the physician to safeguard the participant's health.

We accept and understand the possibility of risks associated with this program.

RELEASE FROM LIABILITY: By signing below, we agree to release the YMCA of Greater Seattle, its directors, officers, employees, volunteers and agents from and against any and all negligence, claims, damages, losses and expenses, including attorney fees, arising from any occurrence causing damage or injury to the participant relating to the Teen Leadership Trip to Japan. If any portions of the waiver are held to be invalid, we agree that the remaining terms shall continue to be in full legal force and effect.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**YMCA of Greater Seattle
2009 Global Teens Contract**

Participant Name: _____

Since you will be traveling with a group, you will find yourself with opportunities and challenges you may not experience in your everyday life. This code of conduct was developed to ensure the best possible experience for everyone - you, your fellow teens, your leaders and the host YMCA.

It is important that each potential group member read this contract carefully. Can you accept and live by the rules which are listed below? Read and review the contract with your parents/guardians, and if you agree to it, sign it and get their signature as well. The contract is a requirement for the program; you cannot participate unless you accept its code of conduct.

1. Illegal substances -- All alcohol, illegal drugs, and tobacco products are prohibited on the trip. Anyone using prescription medicine must notify the trip leaders before departure.
2. Rights of others -- Participants must respect the rights and personal property of other people at all times.
3. Group participation -- It is expected that anyone applying as a group member will travel with the group the entire trip. Attendance at all events and activities is mandatory. It is expected that participants will participate fully, show a willingness to learn, and cooperate with the group leader and group to ensure the best experience possible for all participants.
4. Leaders' rules -- Participants must agree to follow the rules of conduct set by the leaders and by the parents in your host family.
5. Ambassador for the USA -- Participants will do their best to be good ambassadors for their families, their YMCA and for the USA.
6. Respecting other cultures -- Participants will show respect all times towards their hosts, their culture and their country. Participants will obey the laws of the host country. Another YMCA and its families have invited the group into their world. Participants must make every effort to appreciate the difference environments, cultures and people of the host country.

I have read and understand the above rules and policies. I agree to abide fully by the program's rules of conduct. I understand that I will be sent home at my parent's expense, if I fail to comply with this agreement.

Participant Signature

Date

Parent/Guardian Signature

Date

**YMCA of Greater Seattle
2009 Insurance & Treatment Release**

Participant Name: _____

This form is to be completed by parents/guardians of minors and is gathered to assist us in identifying appropriate care for your child. Please print clearly.

Lives with Parent/Guardian Information:

Parent/Guardian 1: _____ Relationship: _____

Work Phone: (____) _____ Company: _____ Cell: (____) _____

Parent/Guardian 2: _____ Relationship: _____

Work Phone: (____) _____ Company: _____ Cell: (____) _____

Which of the above numbers will you be at while your child is in the program? Home Work Cell

If none of these, please provide us with an alternative way of reaching you: _____

If you are not available in an emergency, whom should we notify? _____

Relationship to participant? _____ Phone: (____) _____

Alternate phone numbers: _____

Insurance & Physician Information:

It is the responsibility of every participant's parent or legal guardian to provide for the participant's own accident and health insurance coverage while participating in YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants. Please attach a copy of insurance card.

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate insurance carrier and plan name: _____

Carrier address (including city, state, zip code): _____

Name of insured: _____ Relationship to participant: _____

Insurance ID#: _____ Group #: _____

Name of family physician: _____ Phone: (____) _____

Name of family dentist: _____ Phone: (____) _____

Parent/Legal Guardian Authorization:

This health history is correct so far as I know, and my child has permission to engage in all prescribed program activities as noted by me and/or the examining physician. I hereby give permission to the physician selected by the program director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of the program.

Signature _____ Date _____

