

JUMP-START THEIR SUCCESS

Black Achievers Program
Youth Achievers Program
CHESTNUT STREET FAMILY YMCA



REGISTRATION FORM

- Youth Achievers (K-8)
 Black Achievers (9-12)



PARTICIPANT INFORMATION

Participant's Name _____

Gender _____ Date of Birth _____ Race _____

Mailing Address _____

City/State _____ Zip _____

Home # (____) _____ Cell # (____) _____

Email _____

School _____ Grade _____

Parent/Guardian Name _____

Home # (____) _____ Cell # (____) _____

Email _____

Employer _____

METRO UNITED WAY INFORMATION

(Confidential and used for statistical purpose only.)

Annual Household Income

- \$0-\$11,500 \$11,501-\$18,500 \$18,501-\$23,500
 \$23,501-\$28,500 \$28,501-\$34,000 \$34,000 (+)

Total Number in Household _____

Select the response that best describes your household

- I live with two parents.
 I live with one parent.
 I live with a guardian or relative.

Head of household highest level of education completed: _____

Emergency Contact _____

Contact Phone (____) _____

CHOOSE ONE CLUSTER (Black Achievers only)

- Engineering Business Health & Medical
 Communications Computer Law & Government
 Education Arts

PARTICIPATION/TRANSPORTATION WAIVER

(Participant's Name) _____ has my permission as his/her parent/guardian to participate in the YMCA Black Achievers program. I recognize the possible dangers of personal injury involved in participation in the program and that the Chestnut Street YMCA cannot be responsible for the safety of my child or any injuries he/she might suffer. I exempt and release the YMCA from any and all liability, injury or damage resulting from my child's participation in the program or any transportation provided by the YMCA. I also release the Chestnut Street Family YMCA, its agents, employees, volunteers and professional staff of any liability or negligence. I further agree to indemnify and hold harmless the YMCA of Greater Louisville for any claims of personal injury to my child as a result of participation in this program, including transportation; and loss, theft or damage of personal property. The YMCA has my permission for my child to be photographed or interviewed for promotional purposes.

Parent/Guardian Signature _____ Date _____

VOLUNTEER TODAY

Like all YMCA programs, the Black Achievers program depends on volunteers for success. Please complete the information below to find out how you can make a difference.

Name _____

Address _____

City/State _____ Zip _____

Home # _____ Cell # _____

How would you like to volunteer in the Black Achievers program?

Thanks for your support!

THE BLACK ACHIEVERS PROGRAM DOES NOT EXCLUDE BASED ON RACE, BUT IS A MULTI-RACIAL EFFORT TO HELP ALL TEENS DEVELOP THEIR FULLEST POTENTIAL. THE PROGRAM'S GOAL IS TO MOTIVATE YOUTH TO SET AND PURSUE HIGH EDUCATIONAL AND CAREER GOALS, WHICH WILL HELP THEM THROUGHOUT LIFE.