Dear Youth in Government Participant(s) and Families,

Welcome to Youth In Government (YIG)! Thank you for your interest in participating in a program that offers youth the opportunity to strengthen community through legislative processes. The YIG program consists of weekly meetings and opportunities to participate in local and/or state conferences. Program curriculum includes the following topics:

- Local and State governmental processes
- Legislative bill writing
- Advocacy through legislation
- Parliamentary procedure debate
- Mock trial debates
- Introduction to local and state leaders
- Policy implementation processes

High school weekly meetings begin the week of September 16 and run through the week of December 2, 2019. High school program participant registration includes registration for the Fall Conference, taking place, Monday, October 4, 2019, at the University of Michigan-Flint. The option to participate in the Michigan Youth In Government State Conference is available to all registered YIG participants who are regularly attending weekly meetings. The High School Michigan Youth In Government State Conference will take place February 20 - 23, 2020 in Lansing, MI.

The Ann Arbor Y is dedicated to providing safe and productive environments for teens that promote participants to lead with empathy, build healthy relationships, effectively manage emotions, take responsibility for actions, and develop personal skills for success. All teen programs encourage interactive participation, hands-on learning experiences, character exploration, and active citizenship.

**Our goals for Youth In Government participants include:**
- Understanding formal and informal government structures
- Actively participating in the legislative, judicial, executive branches and political processes like elections and lobbying
• Develop character to enable youth to be their best selves
• Enriching the formal education process with realistic learning experiences
• Building awareness of societal issues and problems and their solutions
• Developing confidence in and dedication to the democratic process
• Learning participative leadership skills
• Appreciation for differing points of view
• Gaining communication and leadership skills
• Learning accountability and respect for others’ rights
• Applying moral and ethical valuing processes to public policy making

Each participant will draft their own piece of legislation, develop strategies to strengthen their argument and use Parliamentary Procedure to debate bills with fellow colleagues across Washtenaw County and/or the State of Michigan. We are confident that all our participants will learn valuable lessons about how to communicate ideas, address issues from differing viewpoints, and learn about the government at a state and local level.

Please take the time to review documents included in this packet. Make sure to pay close attention to due dates.

REQUIRED INFORMATION TO REGISTER:
✓ 2019 High School YIG Registration Form
✓ Teen Program Scholarship Application Form (as needed)
✓ Ann Arbor Y Permission and Health Form

Please contact us or look at the Youth In Government page on the www.annarborymca.org website as soon as possible with any questions. We look forward to working with you this fall!

Sincerely,

Madison Kraning
Youth in Government Coordinator
Ann Arbor YMCA
734.661.8021
mkraning@annarborymca.org
LEARN LEAD SERVE

ANN ARBOR YMCA
2019/20 High School Youth In Government (YIG) Registration

DUE WEEK OF SEPTEMBER 23, 2019 at MEETING
(or to Ann Arbor YMCA, 400 West Washington, Ann Arbor, MI, 48103)

CONTACT INFORMATION:

PARTICIPANT INFORMATION

Last Name_________________________________________ First Name_________________________________________
Home Address__________________________________________________________ City________ Zip________
Email__________________________________________________________ Cell Phone (if applicable)____________________
____/____/____ Date of Birth________________________ School________________________ Grade________

Gender (Select One):
Male________ Female________ Other________ Prefer to Specify:________________________

T-Shirt Size (Select One):
Youth Large________ Adult S________ Adult M________ Adult L________ Adult XL________

How many years have you participated in YIG, including this year?______

Dietary Restrictions?________ Allergies? Please Describe:________________________
□ Vegetarian
□ Dairy-free
□ Gluten-free
□ Other:________________________

Select YIG Club Meeting Attending (meetings begin week of 9/16/19):
□ Ann Arbor Y (Mondays, 6:45—7:45 pm)
□ Other TBD.

Visit the YIG High School Program page at www.annarborymca.org.

PARENT/GUARDIAN INFORMATION # 1

Last Name_________________________________________ First Name_________________________________________
Email__________________________________________________________ Cell Phone (if applicable)____________________
____/____/____ Date of Birth________________________ Home/Work Phone________________________

PARENT/GUARDIAN INFORMATION # 2 (IF APPLICABLE)

Last Name_________________________________________ First Name_________________________________________
Email__________________________________________________________ Cell Phone (if applicable)____________________
____/____/____ Date of Birth________________________ Home/Work Phone________________________

EMERGENCY CONTACT INFORMATION

Last Name_________________________________________ First Name_________________________________________
Email__________________________________________________________ Cell Phone (if applicable)____________________
____/____/____ Date of Birth________________________ Home/Work Phone________________________

Questions? Contact Madison Kraning, Youth in Government Coordinator at mkraning@annarborymca.org or 734.661.8012
Youth In Government (YIG) Program Participation, Payment and Financial Assistance Information

Registered YIG participants who are regularly attending weekly meetings have the opportunity to attend the Michigan Youth In Government State Conference.

**STEP 1: YIG Participation Selection**

Please select **one (1)** of the following options:

___ Youth in Government Program Only ($105)
- Includes participation in weekly meetings and registration for Washtenaw County Conference (date and time TBD)
- Meetings begin the week of September 16, 2019 and run through the week of March 6, 2020.
- **Total Cost: $105 (with $25 deposit due week of September 23, 2019)**

___ Youth in Government Program ($105) + State Conference ($405)
- Includes participation in weekly meetings and registration for Washtenaw County Conference (date and time TBD)
- Registration, hotel accommodations, transportation, some meals, t-shirt, and conference materials for the Michigan Youth In Government (MYIG) State Conference held in Lansing Michigan, February 20 - 23, 2020
- **Total Cost: $510 (with $25 deposit due week of September 23, 2019)**

**Step 2: Payment Selection**

**Notes:**
- A $25 deposit will be charged upon registration (due at meeting week of September 23, 2019).
- Payment for remaining balance is due on December, unless Payment Plan option is selected.

Please select **one (1)** of the following options:

___ I will pay in full on or before December 1, 2019

___ Payment Plan
Payment plan will divide total balance (including scholarship granted) into 3 payments due on December 1, 2019, January 1 and February 1, 2020.

**Step 3: Financial Assistance / Scholarship**

The Ann Arbor Y is committed to ensuring access for all. Financial assistance is made available through the Ann Arbor YMCA Annual Campaign. If you are interested in receiving a scholarship for program participation and State Conference attendance, please complete the Teen Program Scholarship Application attached and submit with registration the week of September 23, 2019 at the YIG meeting. Applications will be processed and communicated by Friday, September 27.

Please select **one (1)** of the following options:

___ I am applying for Financial Assistance/Scholarship.
My application is complete with supportive documents and is attached.

___ No, thank you.

**Step 4: Payment Method**

Please select **one (1)** of the following options:

$25 DEPOSIT IS DUE UPON REGISTRATION.

___ Cash or Check
Payment can include $25 deposit OR the full amount ($105 or $510)

Amount enclosed: $_____

___ Credit Card (Visa/MasterCard/Discover/American Express)

Credit Card #: ________________________ Exp. (MM/YY) _____________

I, __________________________ (Initial and date), give permission to the Ann Arbor Y to charge the card provided above in the amount owed at designated time based on selections indicated on this registration form.
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**Ann Arbor YMCA**  
Teen Program Scholarship Application  
(For questions, please contact the Ann Arbor YMCA)

### 1. APPLICANT INFORMATION (PLEASE PRINT)

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>DOB:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Name:</td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Home Phone:</td>
</tr>
<tr>
<td>Emergency Contact (Name/Phone):</td>
<td></td>
</tr>
</tbody>
</table>

### 2. ALL PERSONS LIVING IN THIS HOUSEHOLD

List all additional persons living in the household. Place a check mark next to each person who will be included in the membership.

- [ ] DOB:  
- [ ] DOB:  
- [ ] DOB:  
- [ ] DOB:  
- [ ] DOB:  
- [ ] DOB:  

### 3. TEEN PROGRAM (please select which program you are applying for financial aid)

- [ ] Teen After School Program
- [ ] Youth in Government
- [ ] Digital Media: Visual Voices
- [ ] Babysitter Certification
- [ ] Other _______________________________

### 4. INCOME DOCUMENTATION

You are welcome to share as much or as little as you see appropriate to illustrate your financial circumstance so that we can best serve you. Below is a list of the documents we accept, select which you are providing, and offer additional information.

- [ ] **FEDERAL TAXES**
  - Most recent 1040 Federal Tax Form(s) for all income in household
  - One tax form was filed for my household and is being submitted
  - We filed more than one tax form in our household. We are submitting ___ 1040 forms.

- [ ] **EMPLOYER PAYSTUBS**
  - Please provide your 2 most recent paystubs
  - Bank statements showing deposits from employer

- [ ] **GOVERNMENT ASSISTANCE**
  - DHS/Food Assistance
  - SSI/SSDI/Pension Report
  - MESC Benefit Report

- [ ] **STUDENT DOCUMENTATION**
  - Financial Aid Budget Breakdown/Award Letter from College/University

**ADDITIONAL INFORMATION:**

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

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**OFFICE USE ONLY**

Application received on:  
Received by:  
Application Complete: **YES** **NO**
Family Size:  
Gross Annual Income:  
Percentile:  
Program Fee:  
Scholarship Granted:  
Amount Due:  

---

5. I certify that the above information is true and complete to the best of my knowledge and that I do not have additional income not represented above. I have provided all documentation requested. I agree, if necessary, to send additional information and documentation to support the above statements. In addition, I have read and understand the information provided on the reverse side of this application.

Signature: ___________________________________________  Date: ___________________________
SECTION 1: CONTACT INFORMATION

Primary Parent or Guardian: ___________________________  Secondary Parent or Guardian: ___________________________

Home Address: ______________________________________  Home Address: ______________________________________

Home Phone: __________________ Work or Cell Phone: __________________

Employer/School Name: ___________________________  Employer/School Phone: __________________

Employer Address: ___________________________  Employer Phone: ___________________________

Employer/School Name: ___________________________  Daily Work/School Times: __________________

If not available in an emergency, notify:

Name: ___________________________  Home Phone: __________________ Work or Cell Phone: __________________

Relationship: ___________________________  Address: ___________________________

SECTION 2: AUTHORIZATIONS (MUST BE COMPLETE TO PARTICIPATE)

FIELD TRIP PERMISSION: I give permission for my child ___________________________, to go on any field trips supervised by the Ann Arbor YMCA Staff. I understand that many trips consist of short walks to nearby locations. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature ___________________________  Date ___________________________

PHOTOGRAPHY AND RECORDING PERMISSION: I hereby irrevocably release, consent and allow the Ann Arbor YMCA and its agents to use and reproduce any and all photographs or video footage taken of me or my dependent(s) for Ann Arbor YMCA purposes. I understand that I/my dependent(s) receive no reimbursement for allowing my photo to be taken or for the use of the photo or video.

Parent/Guardian Signature ___________________________  Date ___________________________

PHYSICAL HEALTH: I hereby attest that my child ___________________________, is in good health. Further more any activity restrictions, allergies, medications taken by the child, or any other needs are listed in the Health Information Form. Immunization records or appropriate waivers are up to date and on file with my child’s school.

Parent/Guardian Signature ___________________________  Date ___________________________

LIABILITY: I understand the physical activities which my child may participate in at the YMCA include, but may not be limited to: swimming, mountain biking, and playing sport agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child’s presence in a YMCA facility or on account of my child’s involvement in any activity at a YMCA facility whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

Parent/Guardian Signature ___________________________  Date ___________________________

PHYSICAL HEALTH: I hereby attest that my child ___________________________, is in good health. Further more any activity restrictions, allergies, medications taken by the child, or any other needs are listed in the Health Information Form. Immunization records or appropriate waivers are up to date and on file with my child’s school.

Parent/Guardian Signature ___________________________  Date ___________________________

SUNSCREEN/BUG SPRAY: My child (circle one) SHOULD SHOULD NOT wear sunscreen while being outdoors. Please apply first application at home. Sunscreen should be supplied by you, the parent. I understand that selecting “should” allows staff to apply sunscreen to my child. Special arrangements for consistent application can be made with the staff.

My child (circle one) SHOULD SHOULD NOT wear bug spray while being outdoors. Please apply first application at home. Bug spray should be supplied by you, the parent. I understand that selecting “should” allows staff to apply bug spray to my child. Special arrangements for consistent application can be made with the staff.

Parent/Guardian Signature ___________________________  Date ___________________________

SWIMMING: I give permission for my child ___________________________, to swim during planned trips to the pool. A lifeguard will always be present when my child swims during a YMCA program.

Parent/Guardian Signature ___________________________  Date ___________________________

SECTION 3: PARTICIPANT RELEASE FORM

The participant may be picked up from Ann Arbor YMCA Day Camps by the following person(s):

☐ Mother(s) and/or Father(s)  ☐ Mother only  ☐ Father only

OR, Ann Arbor YMCA has my permission to release the above named participant to the following people:

Name ___________________________  Relationship ___________________________  Phone Number ___________________________

Parent/Guardian Signature ___________________________  Date ___________________________
Ann Arbor YMCA
PERMISSION & HEALTH FORM

SECTION 4: PERMISSION TO TREAT (Required for Participation)

I give permission to the Ann Arbor YMCA, licensed by the Department of Human Services, to provide routine health care, dispense medications and secure emergency medical and/or emergency surgical treatment to my child while in care.

Parent/Guardian Signature __________________________ Date __________

SECTION 5: MEDICATION (All medications must be sent to camp in original containers)

☐ The participant does not take any medications on a routine basis OR
☒ The participant takes the following routine medications (including over-the-counter/non-prescription medications):

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength (e.g. &quot;100 mg&quot;)</th>
<th>Dosage (e.g. &quot;12 pills&quot;)</th>
<th>Time of day (e.g. &quot;before dinner&quot;)</th>
<th>Prescribing Physician</th>
<th>Reason for Taking</th>
<th>Other Instructions</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

☐ The participant takes the following medications AS NEEDED (includes inhalers, epi-pens, oral medications, topical medications or skin medications):

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Strength (e.g. &quot;100 mg&quot;)</th>
<th>Dosage (e.g. &quot;12 pills&quot;)</th>
<th>Time of day (e.g. &quot;before dinner&quot;)</th>
<th>Prescribing Physician</th>
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</tbody>
</table>

SECTION 6: ALLERGIES/DIETARY RESTRICTIONS (To medicine, food, insect stings or bites, etc.)

☐ The participant does not have any known allergies OR
☒ The participant has the following known allergies (peanut, seafood, bee stings, etc.):
☐ IF APPLICABLE, PLEASE ATTACH COPY OF ALLERGY PLAN

<table>
<thead>
<tr>
<th>Allergy</th>
<th>Reaction</th>
<th>Management of Reaction</th>
</tr>
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<tbody>
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</table>

SECTION 7: PARTICIPANT’S HEALTH CARE PROVIDERS

Preferred Hospital in event of Emergency: __________________________

Primary Physician or Health Clinic: __________________________ Phone: __________________________

Address: __________________________ Health Insurance Carrier: __________________________ Policy #: __________________________

SECTION 8: HOSPITALIZATION/SURGERY HISTORY

Has the participant ever been hospitalized overnight, had any serious injuries (including sports-related injuries) or had any type of surgery?

☐ No ☐ Yes – Please explain below

Age: __________________________ Problem/Type of Surgery: __________________________

SECTION 9: GENERAL HEALTH HISTORY (Please attach a copy of Immunization Record – REQUIRED)

Please check below if the participant has or has had any of the following medical problems:

☐ Asthma ☐ Eating Disorder ☐ Depression ☐ Scoliosis ☐ Diarrhea/Constipation
☐ High Blood Pressure ☐ Seizures/Epilepsy ☐ Sleep Problems ☐ Hernia ☐ Head Injury
☐ Headaches ☐ Bladder/Kidney Infection ☐ Hay Fever/Allergies ☐ Mononucleosis ☐ Anemia
☐ Diabetes ☐ Heart Problems ☐ Vision or Hearing Problems ☐ Back Problems ☐ Heat Illness

☐ Chicken Pox (age: ___) ☐ Sickle Cell Anemia or Trait ☐ Abnormal/painful menses ☐ Passed out during or after exercise
☐ Bleeding or Clotting Disorder ☐ Anaphylactic Reaction ☐ ADD/ADHD/Learning Disorder ☐ Chest pain during or after exercise
☐ Skin problems (circle any that apply): rash eczema blisters itch acne infection warts scabs fungal

☐ Other: __________________________

Please explain any special conditions/activity restrictions: __________________________

☐ IF APPLICABLE, PLEASE ATTACH COPY OF ASTHMA PLAN

Name of Medication

Strength (e.g. "100 mg")

Dosage (e.g. "12 pills")

Time of day (e.g. "before dinner")

Prescribing Physician

Reason for Taking

Other Instructions

Insurance

Last Name: __________________________ First Name: __________________________ Date of Birth: _______ _______ _______