



TEEN ACHIEVERS PROGRAM REGISTRATION

Participant's Name: _____ Gender: ☐ Male ☐ Female Date of Birth: _____

Address: _____ City: _____ Zip: _____

Student Cell Phone: _____ Email Address: _____

School: _____ Grade in School: _____

Current GPA: _____ ACT/SAT Score (If applicable): _____ Center Preference: _____

Parent/Guardian Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

For statistical purposes only:

Race: ☐ Caucasian ☐ African-American ☐ Latino ☐ Asian ☐ Multiracial ☐ Other:

Household Income: ☐ <\$7,500 ☐ \$7,500-\$14,999 ☐ \$15,000-\$24,999 ☐ \$25,000-\$34,999 ☐ \$35,000-\$49,999
☐ \$50,000-\$74,999 ☐ >\$75,000

Will you be a first generation college student? ☐ Yes ☐ No

Career Interest: Please indicate 2 or 3 careers you would be interested in learning more about.

☐ Business ☐ Fine Arts ☐ Journalism/Communications ☐ Other:
☐ Engineering ☐ Health Care ☐ Law/Government
☐ Entrepreneurship ☐ Information Technology ☐ Vocational/Technical

Personal Development: Please indicate areas you need assistance with.

☐ Reading/Comprehension ☐ Test Taking Skills ☐ Tutoring
☐ Study Skills ☐ Time Management ☐ Writing

Emergency Contact: _____ Relationship: _____ Phone #: _____

Waiver, Photography Release, & Required Signature

In having a YMCA of Metropolitan Milwaukee membership and/or participating in YMCA programs, I agree to cooperate with others in supporting the YMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the YMCA of Metropolitan Milwaukee Board of Directors. I do hereby agree to hold free from any and all liability the YMCA of Metropolitan Milwaukee, and its officers, employees, and members, and do hereby myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected with my participation in any of the activities of the YMCA. I understand that membership dues are non-refundable and membership privileges may not be transferred from one individual to another. I give my permission and consent to the use of any photographs, videotapes, or other media record of my participation at the YMCA of Metropolitan Milwaukee for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Participant Name: _____ Participant Signature: _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ACHIEVERS PROGRAM PARENTAL CONSENT FORM

As a leading nonprofit for strengthening community through youth development, the Y's Achievers program focuses on college and career readiness, supporting first-generation college-bound youth in setting and pursuing higher educational and career goals.

Contact:

Maria D. Guzmán-Rocha, Ph.D.
Program Evaluation Specialist
Research & Evaluation
YMCA OF THE USA
800-872-9622 ex. 8329
maria.guzman@ymca.net

WHAT IS THE GOAL?

In order to assure that the Achievers Program your child(ren) participates in is of high quality and has a positive impact on your child(ren), the YMCA of the USA, the national resource office of YMCAs, engages in ongoing evaluation and quality improvement efforts. The Achievers program's goals are to help young people raise academic standards, develop a positive sense of self, build social-emotional skills, explore diverse college and career options, and learn from role models who inspire them to greater heights. The YMCA of the USA wants to understand how this program helps high-school aged participants succeed in those goals.

WHAT DATA WILL BE COLLECTED?

As a participant in the Achievers program, your child(ren) will be asked to fill out a 10-15 minute survey at the beginning and end of each program cycle. They will be asked to reflect on their interests and their experiences in the program.

Data are gathered and analyzed through a web-based software – Algorhythm's Youth Development Impact Learning System (YD iLearning System). Your child(ren) will be assigned a unique numeric identifier and his/her name will not be associated with data. Data within this system are kept confidential in a secure, password-protected database. Algorhythm's YD iLearning System will never use your child's name for any reason and all data analyzed through this system will highlight combined or group results. Staff within the Achievers Program will have access to the aggregate data so that they can continue to improve the program but will not have access to your child's individual data.

If you choose for your child(ren) to participate in the survey, your privacy and your child(ren)'s privacy will be protected. All data obtained from your child(ren) will be kept confidential and will be used by staff to increase the quality of the program. We will not use your child(ren)'s name in any report. Individual responses will not be made public.

QUESTIONS OR CONCERNS?

Participation in this survey is completely voluntary. You have the right to terminate your child's participation in the survey at any time or refuse to participate entirely without jeopardy to your or your child(ren)'s status in the program. If you have any questions about this consent form or the youth survey, please contact Maria Guzmán-Rocha, Program Evaluation Specialist. (info above).



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PLEASE COMPLETE THIS CONSENT FORM AND RETURN TO YOUR CHILD(REN)'S ACHIEVERS PROGRAM. YOU SHOULD RECEIVE A SIGNED COPY OF THIS FORM FOR YOUR RECORDS.

☐ **Yes**, I have read and understand this consent form and I agree to allow my child(ren) to participate in filling out surveys within this program.

☐ **No**, I have read and understand this consent form and I choose not to allow my child(ren) to participate in filling out surveys within this program.

If you sign below but do not check either box, we will assume you have agreed to allow your child(ren) to participate in filling out surveys in the program. This agreement remains in effect until you withdraw your permission.

Parent/Guardian

Signature _____ Date _____

Parent/Guardian Name Printed _____

Child 1 First, Middle, & Last Name Printed _____

Child 2 First, Middle, & Last Name Printed _____

Child 3 First, Middle, & Last Name Printed _____