

ALLIANCE OF NEW YORK STATE YMCAs YOUTH AND GOVERNMENT REGISTRATION, PERMISSION, CODE OF CONDUCT AND RELEASE FORM Please completely fill out, read, and sign both sides.

Please circle which event this is for:

Albany March State Conference

September Steering December Training February Bills Committee April CONA Training

| First Name: | Preferre | d Name: | Last Name: | | | | |
|--|------------------|-------------|--|----------|----------|--------------------|-----------|
| Birth Date: | Gender: | | Advisor: | | | | |
| Club/School: | | | Current Grade # in School: District #: | | | | |
| hirt Size(Circle): S M L XL 2XL 3XL Years previously participated in Youth And Government: | | | | | | | |
| Conference Role (Circle): | Legislator Attor | ney Justice | Cabinet | Lobbyist | Press | Committee Chair TR | Officer |
| Roommate Requests: | | | | | | | |
| Student's Contact Informa | ation: | | | | | | |
| Street Address: | | | City: | | | State: | Zip Code: |
| Email Address: | | Cell P | Cell Phone Number: | | | Home Phone Numb | er: |
| | | | Code of | Conduct | <u>:</u> | | |

Each participant must abide by the program Code of Conduct explained below during the conference weekend.

- 1. BASIC PHILOSOPHY OF RESPONSIBLE CONDUCT: Essential to the Youth and Government program is the concern and respect for the rights of every individual. Being responsible for your own behavior and attitude at all times is an essential element of self-government benefiting not only ourselves, but fellow delegates and the New York State YMCA Youth and Government Program. All facilities placed at the disposal of the Youth and Government program are to be given the greatest care and attention. It is a PRIVILEGE to use them; treat them with respect.
- GENERAL RULES: Infractions of the following general rules shall result in expulsion from the YMCA Youth and Government program functions and conferences. In addition local law enforcement agencies may be contacted and the participant/advisor/staff member turned over to them:
 - a. Laws of the State, County and City are always observed.
 - b. State Capitol Chamber rules restrict all beverages, food, gum, including phone limitations that we will follow.
 - c. Possession or consumption of weapons, alcoholic beverages or non-prescribed drugs are not permitted
 - d. Any act of vandalism, destruction of property, or misuse of a facility may be a crime and will be treated as such.
 - e. Attendance and punctuality is mandatory at all work sessions
 - f. Those who decide to be present when a violation occurs shall, by their own choice, be considered a participant in the violation. In this program there are no "innocent bystanders."
 - This is a full tobacco free event. There will be no smoking, chewing, use of e-cigarettes etc. in the Government buildings, in the hotel or any other facility where Youth and Government activities take place.
 - Badges shall be worn by individuals whose name is on the badge. BADGE SWITCHING OR SHARING IS STRICTLY PROHIBITED. Participants will wear their assigned badges at all times when they are not in their sleeping rooms. Badges are to be worn above the waist and must be visible. Badges are not to be defaced, decorated, or altered in anyway. Only advisors can request replacement badges.
 - Delegates will be expected to wear conservative business attire. No bare legs, spaghetti straps, low cut top, short dresses, or sneakers
 - Delegates are required to be in the hotel for and during sessions. It is assumed that the conduct in the hotel will reflect the principles of selfį. control as outlined in this Code of Conduct
 - k. Curfew and quiet hours must be observed with each delegate in her/his own room defined by the official schedule
 - No participant shall be in the room of the opposite gender during the conference.
 - m. Participants are not permitted to drive vehicles to or from an event sponsored by the statewide program without permission from their advisor.
 - For the safety of all each delegate's advisor will check their luggage, carry-on bags, coat pockets prior to departure similar to the security check process at an airport.
 - o. Delegates may not order delivery food or services to the hotel from outside businesses.
 - While a variety of dance styles exist, recognize that this is a YMCA event, not a club or dance party event. Inappropriate dancing is in violation of the code of conduct jeopardizing your participation and Premier District standing.
- Disciplinary Action: This code of conduct is considered binding on all participants, advisors and staff. Each YMCA and its advisors shall be held accountable for all actions and conduct of their participants. The intent is to hold each participant accountable for their own actions

The State Director, and your advisor, Have the authority to interpret the Code of Conduct and administer any disciplinary action deemed necessary.

| I have read and understand the New York State YMCA Youth and Government Code of Conduct and I agree to follow it. I understand that failure to adhere to the Code's minimum standards of conduct may result in my immediate expulsion from the New York State YMCA Youth and Government program. | | | | | | | |
|--|-----------|--------------------------------|--|--|--|--|--|
| Participant Signature | Date: | | | | | | |
| ● I have read and understand the New York State YMCA Youth a | • | | | | | | |
| to it. I also understand that if my child violates the Code of Condi | , , , , , | ionsible for his/her immediate | | | | | |

Parent Signature Date:

| Parent/Guardian Information: | | | | | | | | |
|--|-------------------------------|----------------------|-----------------|--|--|--|--|--|
| Name: | | Primary Ph | ione #: | | | | | |
| Email Address: | | Work/Alte | rnate Phone #: | | | | | |
| Name: | | Primary Ph | ione #: | | | | | |
| Email Address: | | Work/Alte | rnate Phone #: | | | | | |
| If a parent/quardian is not av | vailable in case of emerger | ncy, please contact: | | | | | | |
| Name: | Relation: | Best Phon | e Number: | | | | | |
| Name: | Relation: | Best Phon | Number: | | | | | |
| Medical Information: | | | | | | | | |
| Name of Physician: | 0 | Office Phone: | | | | | | |
| Medical Concerns (Allergies, I | Ilnesses, Injuries, Operation | ons, etc.): | | | | | | |
| | | | | | | | | |
| Dietary Restrictions (food all | ergies, gluten free, vegeta | rian/vegan, etc.): | | | | | | |
| | | | | | | | | |
| Currently Prescribed Medicat | ion: | | | | | | | |
| Do you carry medical/hospita | l insurance? Yes No C | Carrier: | Policy/Group #: | | | | | |
| For my participation, or that of my child, in activities to be conducted by the Alliance of New York State YMCAs, I hereby give my permission and consent, now and for all time, to the Alliance of New York State YMCAs and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. I further agree to the following: • Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities; • Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties; • YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience with in a side and the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience and this release are irrevocable. I hereby release and disc | | | | | | | | |
| Parent Signature | | | Date: | | | | | |