

State YMCA Camp of Maine
Youth in Government Program
AUGUSTA REGISTRATION FORM
YMCA Youth in Government
31 Town Hall Lane
Winthrop, ME 04364

NAME _____

SCHOOL/YMCA _____

PARENT'S NAME _____

HOME PHONE _____ E-mail _____

Weekend Position

- | | | |
|---|---|---|
| <input type="checkbox"/> Representative | <input type="checkbox"/> Youth Governor | <input type="checkbox"/> Journal Clerk or Clerk |
| <input type="checkbox"/> Lobbyist | <input type="checkbox"/> President of Senate | <input type="checkbox"/> Journal Secretary or Secretary |
| <input type="checkbox"/> Senator | <input type="checkbox"/> Speaker of House | <input type="checkbox"/> Newspaper Editor |
| <input type="checkbox"/> Governor's Cabinet | <input type="checkbox"/> Senate Committee Chair | <input type="checkbox"/> Newspaper Staff |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> House Committee Chair | <input type="checkbox"/> Newspaper Photographer |
| <input type="checkbox"/> Sgt at Arms | | |

HOUSING INFORMATION

- I will be staying at Home
- My delegation has Arranged to stay in a hotel
- I need to be assigned a Host Family
- My Room mate preference is (*1 person only*) _____
- I am allergic to smoke I am allergic to cats / dogs

I have arranged to stay with: NAME _____
ADDRESS _____
TOWN _____ PHONE _____

**PLEASE ATTACH A COPY OF YOUR FAMILY INSURANCE CARD FOR YOUR CHILD.
THIS ALLOWS US TO GET THEM MEDICAL TREATMENT EASIER IN CASE OF
EMERGENCY**

Insurance Company Name _____
Policy #'s _____

For families with no insurance coverage only

I understand that we are responsible for payment for any and all expenses for the treatment of my child.
I hold the State YMCA Youth in Government Program harmless and understand that they will make every effort to
contact myself before any treatment.

Parental Signature

Date

(PLEASE COMPLETE THE OTHER SIDE OF THIS FORM)

TRANSPORTATION INFORMATION

_____ I will be arriving in a personal vehicle driven by: _____

_____ I will be arriving on a bus or van from: _____

SPECIAL INFORMATION

_____ I will be arriving late.

What time do you anticipate arriving _____ Why ? _____
(Must be able to be in Augusta by 8:30pm)

_____ I will be leaving early

When will you need to leave _____ Why ? _____

PARENTAL PERMISSION FORM

I hereby authorize my son/daughter/legal dependent to participate fully participate in the programs and activities of the State YMCA of Maine Youth in Government Programs. I have read and understand the Code of Conduct for participants and agree to support it fully. I understand the Youth in Government Programs housing arrangements that will be made for the participants by the YMCA and or by the delegation advisor. I understand the YMCA policy about transportation to and from the program as well as during the weekend. I give my permission for my child to be transported by the program, and/or by host family members I give permission for pictures of my son/daughter/legal dependent to be used in promotion, web pages, and videos for this program. In the case of a medical emergency due to accident or illness, I do authorize officials of the State YMCA of Maine and/or Club Advisor to secure qualified emergency medical care on the scene and/or in the nearest medical facility.

Parental Signature

Date

I understand the Code of Conduct for participants and agree to support it fully. I understand the Youth in Government Programs housing arrangements that will be made for the participants by the YMCA and or by the delegation advisor. I understand the YMCA policy about transportation to and from the program as well as during the weekend. I agree to and understand the policies of the State YMCA of Maine Youth in Government Programs and agree to abide by and support them, I also agree to be present at all program events in the scheduled location on time.

Participant Signature

Date

ATTACH COPY OF HEALTH INSURANCE CARD HERE: