



# KENTUCKY YMCA YOUTH ASSOCIATION STUDENT SAFETY & CODE OF CONDUCT FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

### EMERGENCY CONTACTS (If a parent/guardian is not available in case of emergency)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_-\_\_\_-\_\_\_

### STUDENT MEDICAL INFORMATION

Name of Physician: \_\_\_\_\_ Office Phone: \_\_\_-\_\_\_-\_\_\_

Medical Concerns (Allergies, Illnesses, Injuries, Operations, etc.): \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions (food allergies, gluten free, vegetarian/vegan, etc.): \_\_\_\_\_

\_\_\_\_\_

Currently Prescribed Medication(s): \_\_\_\_\_

Medical Insurance? Yes \_\_\_ No \_\_\_ Carrier: \_\_\_\_\_ Policy/Group # \_\_\_\_\_

### PARENT'S AUTHORIZATION

I hereby give permission to the physician selected by the Kentucky YMCA representative to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this form. I understand my insurance will cover this expense, or I will assume responsibility for medical expenses resulting from illness and/or injury.

### TRANSPORTATION

I hereby grant the Kentucky YMCA Youth Association permission to transport my child by bus or other necessary vehicle for conference purposes and/or medical need.

### ROOMING POLICY

I understand that rooming is assigned by gender and that I will share a room, and in many cases, a bed with other student(s). No more than two students will be assigned to a bed. I understand that in order to room with an adult other than my guardian I must have notarized parental consent and permission from the KY YMCA.

### REFUND POLICY

I understand that all fees are non-refundable. In the case of extenuating circumstances, a portion of payment may be refunded by the KY YMCA based upon written request from the student, parent, or advisor.

Delegate Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KY YMCA Staff adhere to a Staff Code of Conduct governing appropriate interaction and behavior with children and teens. Staff members are not permitted to have planned conduct with participants outside YMCA events, have completed child abuse prevention training, and submitted to background checks. To report questionable conduct by a KY YMCA staff member, call 800-860-7293.

**DELEGATE CODE OF CONDUCT**

The purpose of this code is to identify personal behavior that is consistent with the mission of the Kentucky YMCA. Students sent home for violations would be at the expense of a parent/guardian.

Violations are to be brought to the attention of Y-Staff. Delegates in violation are subject to disciplinary actions at the discretion of advisors and Y-Staff including but not limited to: calls to guardian(s); incident report filed; sent home; school policies implemented. If state/federal law is broken, Y-Staff will notify law enforcement and guardian(s) and delegates will be sent home. Y-Staff reserves the right to alter disciplinary actions as needed.

**EXPECTATIONS OF DELEGATES**

1. Delegates shall demonstrate respectful/responsible conduct before, during, and after all KY YMCA functions.
2. All delegates share the responsibility for their actions when violations are witnessed. Those present who do not act to remedy and report the violation shall be considered participants. There are no "innocent bystanders."
3. Delegates are legally and financially liable for removing, defacing, or willfully damaging public or private property. Vandalism, destruction of property, or misuse of facilities may be a crime and will be treated as such.
4. No delegate shall leave a KY YMCA function without the approval of advisor, guardian, and program director. Students must be signed out of the program.
5. Food, candy, and beverages other than water are not permitted in any meeting spaces. Delegates will abide by any rules put into place by Y-Staff at other locations.
6. Cell phones, music players, or other wireless communications should not be used during meetings or formal programming time. Delegates will abide by any rules put into place by Y-Staff at other locations.
7. The use of tobacco products, illegal drugs, alcoholic beverages, legal drugs without prescription, open flame, and the burning of incense is forbidden.
8. Delegates may not enter rooms other than those assigned by Y-Staff.
9. All delegates shall be in and remain in assigned rooms by curfew, and remain there until curfew ends.
10. Physical intimacy between participants is inappropriate at all times.
11. Delegates will wear their OWN Name Tags visibly around the neck at all times when not in their Hotel Rooms.
12. Unless there is a fire, delegates will not pull the fire alarm. Pulling a fire alarm is a serious offense, and offenders will be held financially and potentially criminally liable. Alarms summon the Fire Dept. and require evacuations.
13. Use of personal vehicles by delegates at any KY YMCA program is strictly prohibited.
14. Weapons of any kind and items that could cause injury/damage to participants/property are forbidden.

**DRESS CODE: KYA & KUNA**

The Dress Code is designed to support our emphasis on professional development at KYA and KUNA. Name Tags must be worn at all times. Anyone not in compliance may be asked to change, and Advisors will be notified. Y-Staff reserves the right to remove Delegation of Excellence after 3+ dress code violations. **Advisors will Enforce Dress Code.**

<p><b>Day 1:</b> Business Casual / Cultural Attire at KUNA Business Prof. for Officers &amp; Candidates</p> <p><b>Day 2:</b> Business Professional <b>Evening:</b> Casual Attire</p> <p><b>Day 3:</b> Casual Attire Business Prof. for Officers &amp; Candidates</p>	<p><b>Business Casual</b> Collared Shirt (Tucked-in) Dress Top (Covers Shoulders) Optional Blazer/Coat &amp; Tie Dress/Skirt (Knee-length+) Trousers i.e. Khakis/Dress Pants Practical Dress Shoes &amp; Socks</p>	<p><b>Business Professional</b> Collared Dress Shirt (Tucked-in) Dress Top (Covers Shoulders) Suit Coat/Blazer &amp; Tie/Bow Tie Dress/Skirt (Knee-length+) Dress Slacks/Pants or Pantsuit Practical Dress Shoes &amp; Socks</p>
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**Not Allowed at Any Time:** Visible underwear, inappropriate/derogatory text or imagery, and attire deemed inappropriate/unsafe by Y-Staff.

**Not Allowed for Business Casual/Professional:** Leggings, Jeans, Fitness Pants, Sheer/see-through fabric, or Casual Footwear (Sneakers, Flip-Flops, Toms, etc.)

**DRESS CODE: GFI & LTC**

These programs provide an active environment in which you could find yourself crawling, climbing, covered in dirt or shaving cream, wet from head to toe, etc. This dress code is designed for the spontaneous and messy nature of these programs so delegates feel comfortable at all times, without risk of unsafe or malapropos exposure of the body.

**Tops** - secure and limit exposure during physical activity  
**Pants or Shorts** - comfortable during physical activity or floor sitting; Shorts practical length, Skirts not recommended  
**Shoes and Sandals** with laces/straps and support. Bare feet/flip-flops not recommended (at times not allowed) for safety.  
**Swim Suits (LTC Only)** should fit appropriately and be suitable for physical activity without risk of overexposure. Y-Staff may request a non-white shirt/shorts to go over suits for practicality and safety reasons.

**Not Allowed:** Visible underwear, inappropriate/derogatory text or imagery, attire deemed inappropriate/unsafe by Y-Staff.

**Delegate Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_