



# TEEN ADVENTURE PROGRAM (TAP)

Location: Jackson Elementary School

# 2025 SUMMER REGISTRATION

(Complete all forms in black ink)

All information must be completely filled out on this form before your child is registered (i.e. health history, signatures, telephone numbers, etc).

Current YMCA Membership?  Yes  No If yes,  Family Membership  Youth Membership

Child(ren) Name (Last, First)	Sex	School	Age as of 6/10/25	Grade Sept. 2025	Birth Date
1.					
2.					

### Parent or Guardian Information

Relationship to Child	Name (Last, First)	Home Address/Zip Code	Home Phone	Cell Phone	Work Name & Address	Work Phone
Emergency Contact not listed above						

### Persons Authorized to Pick Up Child(ren) - Include Parents

Name	Relationship	Home Phone	Cell Phone	Work Phone
1.				
2.				
3.				
4.				

Parents Marital Status:  Married  Single  Divorced  Separated  Spouse Deceased

Note any custody arrangements or restrictions (Attach court order if applicable) \_\_\_\_\_

### Check the week(s) your child(ren) will be attending: (Field trips occur on Wednesdays for majority of weeks)

School's out for Summer!	Theme	Addl. Fee
1 <input type="checkbox"/> June 10 - June 13 (4 days)	Step into Summer	\$15
2 <input type="checkbox"/> June 16 - June 20	Soar Zone!	\$25
3 <input type="checkbox"/> June 23 - June 27	All Star Lineup	\$30
4 <input type="checkbox"/> June 30 - July 3 (4 days)	Stars & Stripes Forever	\$10
5 <input type="checkbox"/> July 7 - July 11	Fear the WRATH!	\$55

Week	Theme	Addl. Fee
6 <input type="checkbox"/> July 14 - July 18	H2O & Go	\$30
7 <input type="checkbox"/> July 21 - July 25	Born to be Wild	\$15
8 <input type="checkbox"/> July 28 - Aug. 1	Zoom Floom!	\$40
9 <input type="checkbox"/> Aug. 4 - Aug. 8	Target Bullseye	\$30
10 <input type="checkbox"/> Aug. 11 - Aug. 15	Beach Vibes	\$0
11 <input type="checkbox"/> Aug 18. - Aug 20 (3 days)	Camp Rewind	\$20

### Reminders:

- To avoid cancellation fee, please register only for weeks your child will need.
- If you register your child(ren) for any other Y Programs throughout the summer, please call the TAP office with the actual program (i.e. Camps, Teen Leadership) and dates they will attend.
- Upon registration, you must pay the following: (\$30 Registration fee per child and FIRST week.) Any additional weekly trip fees are paid to TAP staff on site.

Please list your main email address to receive TAP correspondence: \_\_\_\_\_

Total Fee Enclosed \$ \_\_\_\_\_ (make checks payable to YMCA)

Financial Assistance Requested  Yes  No  
OVER →

Office Use Only: Paid \_\_\_\_\_ Confirmation  Site Copies  JC \_\_\_\_\_ Uni \_\_\_\_\_ SACC \_\_\_\_\_  
 Draft  \_\_\_\_\_ Computer    3rd Party  \_\_\_\_\_ AC  \_\_\_\_\_ BC  Sp. Concern

Wk.	TAP THEME WEEK DESCRIPTIONS
1.	Step into summer and let the fun begin! Take a trip with us to <b>Badger Sports</b> , northeast Wisconsin's premier family entertainment center. Have a blast with laser tag, mini golf, go-carts and batting cages just to mention a few of the awesome activities this place has to offer!
2.	Get ready to soar, bounce and flip flop! Join us as we visit <b>Urban Air Adventure</b> in Appleton, WI. an interactive park with loads of fun! Climbing walls, trampoline dodgeball, flash pads and rope courses await you here!
3.	Are you an ALL STAR? We think you are! Get ready to cheer on Wisconsin's own <b>Milwaukee Brewers</b> as we travel to American Family Field for a day at the ballpark. Did anyone say peanuts and crackerjacks? Go Brew Crew Go!
4.	What is better than a day in the sun? Nothing! Enjoy a day at <b>Ashwaubomay</b> swimming and building sand castles, while enjoying a yummy cookout lunch! Celebrate the Fourth of July with TAP as we pledge Stars and Stripes forever!
5.	Are you ready for a thrill of a lifetime? We hope so, as we visit <b>Great America</b> in Gurnee, IL. for the day! Enjoy the many amusement park rides this park has to offer, from rollercoasters to the wet and wild water rides. There is something for everyone to enjoy!
6.	Nobody will stay dry this week as we head down to Wisconsin Dell's very own <b>Noah's Ark</b> for H2O fun! From wave pools, to a water coaster, to two lazy rivers to relax in, this park has it all! Get ready to get soaked!
7.	Lions and Tigers oh my! Explore our beautiful animal kingdom and the many natural habitats of these creatures as we visit <b>The Milwaukee Zoo</b> for the day. Explore and learn about the many living things that inhabit our world. If you are an animal lover, then this week is for you!
8.	Get ready to jump off some gigantic inflatables as we visit <b>Fondy Aqua Park</b> in Fond du lac, WI. This inflatable water park includes a trampoline, slides, climbs, bridge, scaling peaks, balance beam, wall climb, tower jump, trapeze and the LAUNCHER! Get ready to Cannonball!
9.	Are you a laser tag warrior? If so, then this week is for you as we march to <b>Urban Battlefield</b> for a tactical competition of laser tag! This massive 13,000 square foot arena offers an array of twists and turns to escape the enemy. Do you have what it takes to partake in this competition?
10.	Get your boogie board out everyone because the surf is up! Enjoy a day of riding the big waves of Lake Michigan as we visit <b>Neshotah Beach</b> in Two Rivers, WI. This will be the ultimate beach party of playing in the sand, competing in volleyball, swimming and enjoying a delicious cookout lunch.
11.	Even though summer is coming to an end, it doesn't mean the fun has to! Join us for some jumping excitement as we head to <b>Altitude Trampoline Park</b> in Appleton, WI. Experience the thrill of weightlessness as you fly high on the many trampolines this park has to offer. After lunch in the afternoon we will head to the <b>Fox River Mall</b> for a little back to school shopping and friend time until next summer rolls around!

**\*Field trips are subject to change due to inclement weather to ensure the safety of our TAP participants.**

HEALTH HISTORY	
Child's Name: _____ Child's physician/medical facility: _____ Name: _____ Address: _____ Phone: _____ Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medication: _____ You will also be required to fill out a "Medication Authorization" form. Does your child have a history of:  <input type="checkbox"/> Physical Handicaps <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please describe: _____ _____ If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure staff. _____ _____ Date of last Tetanus shot: _____	Child's Name: _____ Child's physician/medical facility: _____ Name: _____ Address: _____ Phone: _____ Will your child require any medication while at the TAP Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medication: _____ You will also be required to fill out a "Medication Authorization" form. Does your child have a history of:  <input type="checkbox"/> Physical Handicaps <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Problems <input type="checkbox"/> Non-Food Allergies <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergies <input type="checkbox"/> Sensitivity to Sun <input type="checkbox"/> Serious Illness <input type="checkbox"/> Other problems, please describe: _____ _____ If you checked any of the above items, please describe any special emergency care instructions, medical concerns or other information that may be helpful to the Teen Adventure staff. _____ _____ Date of last Tetanus shot: _____

**Parent Consent /Authorization** Please initial each line & provide signature at bottom of page stating you have read and understand each item.

- \_\_\_\_\_ I authorize the YMCA to take my child on all field trips via bus, walking or biking during any of the YMCA TAP program days my child is enrolled.
- \_\_\_\_\_ I  GIVE or  DO NOT GIVE permission for promotional photographs to be taken of my child(ren). Please check one box.
- \_\_\_\_\_ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency contact cannot be reached.
- \_\_\_\_\_ I understand that all above said information is confidential and is only used as a guide in understanding my child(ren).
- \_\_\_\_\_ I understand that if I withdraw from the program prior to May 10 and written notice is provided, I will receive my first week's payment in return. If written notice is provided after May 10, my first week's payment and registration fee per child is forfeited.
- \_\_\_\_\_ I understand that if I withdraw from the program in June or thereafter, a two-week written notice must be provided to the TAP office and payment for additional weeks may be required.
- \_\_\_\_\_ I understand the information in this brochure as it relates to cancelling a program week of care at my child's TAP location.

X Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: YMCA Teen Adventure Program, 235 N Jefferson St, Green Bay, WI 54301 • For Information call: 920.436.9675**

# 2025 SUMMER SACC/TAP

## YMCA Bank Draft or Credit Card Draft Agreement

Upon registration, payment will be made for your first week of the summer program (SACC or TAP). Draft amounts will occur for the remaining summer weeks you have registered for. This does not include any week(s) of Camp U-Nah-Li-Ya. Camp will bill you directly.

Weekly drafts will be drafted on the Monday of the current week attending (Example: If attending week 2 (June 16-20) your draft for this week will occur on Monday, June 16).

Monthly drafts will be drafted on the 1<sup>st</sup> or 15<sup>th</sup> of the month per your request for the weeks of care occurring within that month.

(Example: Weeks of June 10, 16, 23, 30 will be drafted in June. Weeks of July 7, 14, 21, 28 will be drafted in July. Weeks of August 4, 11, 18 will be drafted in August.)

**Please fill out the information below and return this form to the SACC/TAP office upon registration.**

Child(ren)'s Name: \_\_\_\_\_ Summer Site: \_\_\_\_\_

Frequency of Draft: \_\_\_\_\_ Weekly OR \_\_\_\_\_ Monthly ( \_\_\_\_\_ 1<sup>st</sup> or \_\_\_\_\_ 15<sup>th</sup>)

### If checking or savings draft, please supply the following information:

Type of Account: \_\_\_\_\_ Checking or \_\_\_\_\_ Savings

Bank Name: \_\_\_\_\_ Account Holder's Name: \_\_\_\_\_

Bank Routing No: \_\_\_\_\_ Account Number: \_\_\_\_\_

### If credit card draft, please supply the following information:

\_\_\_\_\_ Discover Card \_\_\_\_\_ Master Card \_\_\_\_\_ Visa Name as it appears on the card: \_\_\_\_\_

A 3% fee will be applied to all debit/credit card transactions. This fee does not apply to cash, check, or ACH/EFT payments.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit CVV Code: \_\_\_\_\_

### Authorization:

I hereby authorize my financial institution to withdraw the amount based on my payment schedule from the account listed above.

- I understand my payment will continue until my scheduled payments are completed.
- It is my responsibility to notify the YMCA immediately of any account change or closing and to provide the YMCA with current account information. To make changes for drafts on the first of the month you must notify the YMCA by the 25<sup>th</sup> of the month prior. Notification for accounts drafting on the 15<sup>th</sup> must be in by the 10<sup>th</sup> of the month.
- The YMCA reserves the right to refuse entrance into the facility or programs if payments are delinquent. Full payment of delinquent payments will be required for reinstatement into programs.

### Cancellation:

- Atwo-week advance written notice must be given prior to withdrawing from a program.**
- Following one month of insufficient funds or declined credit card, the YMCA will send a letter and statement to be paid within 15 days.
- Following a second month of insufficient funds or declined credit card, you will be contacted by the program director so that you can make arrangements to pay your balance due.
- If you do not comply with the arrangements, you will be terminated from the program. Your account will be frozen and you must pay any past due amount before participating in any YMCA program or membership in the future.

Parent/Payee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN THIS DRAFT AGREEMENT ALONG WITH YOUR COMPLETED SUMMER SACC/TAP REGISTRATION FORM.**

