



MINNESOTA YMCA YOUTH IN GOVERNMENT MODEL UN STUDENT REGISTRATION

REV 12/13

(W) mnyig.org (E) yig@ymcatwincities.org

Submit registration materials with payment and all questions to your local Delegation Director

STUDENT INFORMATION

Legal First Name _____ Legal Last Name _____

First Name as you want it printed on your nametag _____

Address _____ City _____ State _____ Zip _____

Student Home Phone _____ Student Cell _____ Student E-mail _____

Birth date ____/____/____ Age _____ Gender ☐ M ☐ F Is English your first language? ☐ Y ☐ N

Participant race/ethnic background

☐ Black/African American ☐ White ☐ Hispanic/Latino ☐ American Indian ☐ Asian/Pacific Islander ☐ Multi-Ethnic

PARENT/GUARDIAN INFORMATION

Legal First Name _____ Legal Last Name _____

Parent Home Phone _____ Parent Cell _____ Parent E-mail _____

Birth date ____/____/____ Gender ☐ M ☐ F Is English your first language? ☐ Y ☐ N

Legal First Name _____ Legal Last Name _____

Parent Home Phone _____ Parent Cell _____ Parent E-mail _____

Birth date ____/____/____ Gender ☐ M ☐ F Is English your first language? ☐ Y ☐ N

Student lives with ☐ Both Parents ☐ Father ☐ Mother ☐ Other _____

EMERGENCY CONTACTS/MEDICAL INFORMATION

Please list adults who can be contacted in an emergency, if parents/guardians cannot be reached. NOTE – we will always attempt to reach parents/guardians first – list only non-parent/guardian contacts below.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Family Doctor/Clinic _____ Phone _____

☐ This student is current with all required immunizations as required by the Minnesota Department of Health.

Do you carry medical/hospital insurance? ☐ Y ☐ N Carrier _____ Policy # _____ Group # _____

Please list special needs/accommodations/allergies _____

If special accommodations are required, contact the YIG State Office by March 1.

If the student is taking medications, please list types and purposes _____

Operations/serious injuries/chronic illnesses _____

Information about student's behavior that would be helpful to know _____

MODEL UNITED NATIONS INFORMATION

Legal First Name _____ Legal Last Name _____
Delegation _____ Delegation Director _____
Years in Model UN (including this year) _____ Grade _____ School _____
Past MUN Program Area Participation _____

PROGRAM CHOICES

Model UN registration is by "country group" within the local delegation. A completed country group includes a UND-1/UND-2 as a "cover page", along with registration forms for ALL other group members.

Refer to "Member States/Country Assignments" for the number of delegates required.

COUNTRY CHOICES List your top 10 priorities - #1 being your first choice. Assignments are not guaranteed and are determined on a first-come, first-served basis, from all registrants with complete country packets.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____
6. _____ 7. _____ 8. _____ 9. _____ 10. _____

☐ Check here if registering for the Conference Newspaper instead of a country group
(Note that there is limited availability for participation in the Newspaper and that placement is not guaranteed)

COUNTRY GROUP MEMBERS List other students who will participate in your country. DO NOT LIST YOURSELF!!

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

PROGRAM PAYMENT INFORMATION

Deposits are required at registration and are non-refundable.

MODEL UNITED NATIONS STATE PROGRAM DEPOSIT REQUIRED \$200

Final payments are due by March 1. Payments must be submitted to local Delegation Director by this date.

If requesting financial assistance, the application must accompany this application. For more info, refer to Delegation Director.

For YMCA of the Greater Twin Cities Delegations only – EFT Authorization is available as a payment option. Deposit can be charged at registration and the remaining balance charged 4 weeks prior to the program.

Name on Card _____ Card # _____ Exp. Date _____

I agree to pay total amount according to card issuer agreement ☒ _____

INTERNAL USE ONLY

Customer # _____

Bill to Customer # _____

Registered by _____

☐ Bill to Delegation ☐ Bill to Parent ☐ YGTC Grant Funded

Date Completed _____

Program Assignment _____

REGISTRATION AGREEMENT

As a participant in Minnesota YMCA Youth in Government, I realize that such a privilege involves certain responsibilities. I have read and agree to abide by the Youth in Government Code of Conduct, understanding that all rules and regulations exist for the good of the program. I further understand that if my conduct does not meet these standards, I relinquish the right to all program opportunities and I may be returned home immediately, at my own or parents' expense without refund of fees or other amounts paid. I acknowledge that my participation in Minnesota YMCA Youth in Government programs indicates personal acceptance of the Code of Conduct and all program rules. I have read this registration agreement; have read the Code of Conduct and agree to the terms in each document.

Student Signature _____ **Date** _____

I hereby authorize my child to participate in all activities of Minnesota YMCA Youth in Government and authorize my child to be absent from school during the days of the state Model Assembly Session. I understand that my child will participate in various meetings and program events; will travel to the training facilities, hotel, Capitol Complex and other sites as designated; and reside in a designated hotel under the supervision of his/her local Youth in Government delegation advisor.

I understand that some of my child's biographical data may be included in a participant directory for distribution to other delegates, adult advisors, program sponsors and others. I understand that all photos, images and recordings (audio, visual and others) are property of Minnesota YMCA Youth in Government; that they can be used hereafter without further permission, which may include use for promotional purposes, marketing materials and YMCA websites. I have read this registration agreement; have read the Code of Conduct and agree to the terms in each document.

In consideration of participating in Youth in Government activities and for other goods and valuable consideration, I hereby agree to release and discharge from liability arising from negligence, the local Delegation, the YMCA of Metropolitan Minneapolis and the YMCA of Greater St. Paul and their owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees", on behalf of myself and my children, parents, heirs, assigns, personal representative and estate and also agree as follows:

- (1) I acknowledge that participating in these activities involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death and property damage. Risks include but are not limited to broken bones, torn ligaments or other injuries as a result of falls or contact with other participants; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
- (2) I expressly accept and assume all of the risks inherent in these activities or that might have been caused by the negligence of the Releasees. My child's participation in these activities is purely voluntary and we elect to participate despite the risks. In addition, if at any time I believe that even conditions are unsafe or that my child is unable to participate due to physical or mental conditions, then I will immediately discontinue participation.
- (3) I hereby voluntarily release, forever discharge and agree to indemnify and hold harmless Releasees from any and all claims, demands or causes of action which are in any way connected with my child's participation in these activities or our use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- (4) I represent that I have adequate insurance to cover any injury or damage I or my child may suffer or cause while participating in this activity or else I agree to bear the costs of such injury or damage myself. I further represent that my child has no medical or physical conditions which could interfere with his/her safety in these activities or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
- (5) In the event that I file a lawsuit, I agree to do so in the state where the Releasee's facility is located and I further agree that the substantive law of that state shall apply.
- (6) I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

In the event that my child needs immediate medical attention, I authorize YMCA staff to give my child reasonable first aid and to arrange for transport to a health care facility for emergency services as needed. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on participations that may need to be shared with medical providers.

If my child requires use and administration of an epi-pen, prescription or over-the-counter medication, it is my responsibility to ensure that the epi-pen or medication are on my child or within his/her personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge the YMCA and its directors, officers and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.

By signing this document, I agree that if my child is hurt or has property that is damaged during participation in these activities, then I or my child may be found by a court of law to have waived or right to maintain a lawsuit against the parties being released on the basis of any claim for negligence. In consideration of my child being permitted to participate in these activities, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of my child or are in any way connected with such participation by my child. I hereby acknowledge that the YMCA will assume that either parent may pick up my child at any time during the program, unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that these activities might not be made available or that the cost to engage in these activities would be significantly greater if the YMCA did not utilize waivers as a method to lower insurance and administration costs. I acknowledge that certain sections of this waiver may not apply to me or my child but agree to be bound by any applicable language. I have read and understood this document and the Code of Conduct and agree to be bound by their terms.

I understand that the deposit is not refundable - that the tuition balance is not refundable after March 1st and that no fees or other amounts paid will be refunded if my child is sent home for disciplinary reasons.

Parent Signature _____ **Date** _____

***The country group's forms must be attached to UND-1/UND-2 Assignment Form
Code of Conduct can be read on the YIG website – www.mnyiq.org***