



Hamilton Area YMCA Middle School Program

BTB

Beyond the Bell

BTB Beyond the Bell (formerly Y Connection) offers exciting activities and choice-based “electives” that empower our youth to follow their own path.* Offerings in STEAM (Science, Technology, Engineering, Arts, and Math), Athletics, Group Exercise, Culinary Arts, Dance and more ensure that participants are having fun while continuing to learn throughout the year. In addition to electives, participants will also have social, homework, recreation, and snack time on a daily basis. BTB ensures your child will have a safe and positive environment to grow and build lasting relationships with their peers.

STEAM: Participants can choose exciting labs that will allow them to explore the what the worlds of science, technology, art, engineering, and math have to offer.

Athletics: Participants get to play a variety of different sports and games, while also working on their conditioning, learning the importance of teamwork, and gaining self-esteem.

Culinary Arts: Aspiring culinary artists, or children who just love to cook, will love designing and preparing the latest recipes! Participants will also be taught healthy alternatives to common dishes.

Dance: Our dance program gives participants the ability to express themselves creatively, build self-confidence, and try something new!

Group Exercise: Certified instructors will lead motivating and invigorating workouts, including Yoga and Zumba®. Group Exercise is a great way to share fitness with friends and have fun in a safe, encouraging, and effective environment!

- BTB will run 5 days per week from 3:30 – 5:30 p.m. on all days school is in session.
- Students will be bussed from Crockett, Grice, or Reynolds to the Hamilton Area YMCA JKR Branch.
- Fee is \$75 per student per month.
- Financial Aid is available. This program is partially subsidized by the Hamilton Area YMCA.

All participants must have, at minimum, a Hamilton Area YMCA program membership.

For more information, please contact Tyler Koerber at 609.581.9622 ext. 121 or tkoerber@hamiltonymca.org.

**Electives may not be offered every day. Program space is limited.*

Hamilton Area YMCA – JKR Branch
1315 Whitehorse-Mercerville Road
Hamilton, NJ 08619
609.581.9622 • hamiltonymca.org





FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Beyond The Bell Registration Checklist

- _____ Registration Form
- _____ Informed Consent/Liability
- _____ Behavioral Agreement
- _____ Bus Code of Conduct
- _____ Medical Form
- _____ Bank Draft Form (*Bank draft is required for BTB)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Beyond The Bell (B.T.B)

2018-2019 Registration Form Hamilton Area YMCA JKR Branch

Name _____ male female Birth Date _____

Street Address _____ City _____ State _____ Zip _____
School Attending (18/19) _____ Grade Level(18/19): _____

Email Address _____ Home Phone (____) _____

Parent's Name _____ Parent's Cell Phone (____) _____

Emergency Contact Information

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Do you want your child to take the bus: yes no

Only available to the first 50 students registered

I grant permission for my child to take the bus from their school to the Hamilton YMCA when the program runs. I understand that if my child misses the bus it is my responsibility to pick them up from school.

Parent's Consent for B.T.B. bus _____
signature of guardian

For Office Use Only
See memo for program codes

Copy of school ID or report card attached * yes no

Behavior Agreement and Bus code Signed * yes no

** Must have both to finalize registration*

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We the undersigned, realize that there may be medical risks associated with physical exercise, the use of the Hamilton YMCA JKR Branch, and the Sawmill Branch, or use of equipment within these facilities. I/We also recognize that the Hamilton Area YMCA cannot evaluate my physical abilities and/or medical limitations as they may pertain to my participation in programs, the use of the facilities or equipment within the facilities. Therefore, I/We assume all responsibility for undergoing a thorough medical evaluation by licensed medical professional, including, but not limited to, the assessment of pertinent potential limitations on exercise, participation in Hamilton Area YMCA programs, and the use of branches and equipment related, either within the JKR Branch property or at the Sawmill Branch property. I/we grant permission to participate in all scheduled activities, including bus transportation, unless otherwise stated in writing to the Hamilton Area YMCA.

Furthermore, in consideration of my/our participation in the activities of the Hamilton Area YMCA, we do hereby agree to hold free from any and all liability the Hamilton Area YMCA, its respective officers, employees, and members, for any injury sustained by me/us due to any action or inaction including, but not limited to negligence, on the part of any and all of the aforementioned parties. I/We do hereby for myself/ourselves, heirs, executors, and administrators, waive release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my/our participation in any of the activities of the Hamilton Area YMCA, use of equipment in either or both of its branches and/or use of the facilities or properties.

The Hamilton Area YMCA reserves the right to photograph or film any member and use said pictures or film for any form of advertising or promotion as deemed appropriate.

*Children under the age of 13 may not be in the Facility without the supervision of a parent/guardian 18 years of age or older unless currently enrolled in the Y Connection and between the hours of when school lets out and 5:30 p.m. **only when school is in session.**

TERMS AND CONDITIONS

The Hamilton Area YMCA reserves the right to revoke the B.T.B. privileges of any person who abuses or misuses any of the equipment or facilities located on its premises, who engages in conduct which is abusive, illegal, disruptive, or poses a threat to the safety of others, or who does not adhere to all rules and regulations. The Hamilton Area YMCA reserves the right to close the facility for annual maintenance and repairs.

I/We, the undersigned have read, understand and agree to all of the above.

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

The B.T.B. Behavioral Agreement

The B.T.B. program strives to create a SAFE and CARING Community. We want everyone to feel welcomed and accepted. We promote and encourage the YMCA character values of Caring, Honesty, and Respect Responsibility. The basic rules of the B.T.B. are simple.

Be **CARING** towards yourself and others.

Be **HONEST** and forthcoming in your interactions with other participants and staff.

Be **RESPECTFUL** of members and staff.

Be **RESPONSIBLE** with YMCA equipment and property.

All the staff at the YMCA wants your stay to be safe and enjoyable. By following and abiding by the rules and guidelines, your stay promises to be memorable.

Please review the agreement with your child, sign, and send the agreement along with your registration form:

Behavioral Agreement

- I will be respectful of everyone at the facility. I will not swear or speak disrespectfully of members or staff and I will not bully or harass anyone.
- I will be responsible and respectful of the YMCA by keeping the areas I use clean.
- I will respect the property of others by asking to share and I will not steal
- I will not use alcohol, drugs, or tobacco products at the YMCA
- I understand that I am responsible for knowing the rules and guidelines set forth in the Hamilton Area YMCA membership hand book and on the B.T.B. Information Sheet

I understand my behavior can affect the experience of others. By signing this agreement, I understand that if at any time I do not adhere to these guidelines and the YMCA staff deems my behavior as inappropriate, my parents may be called and I may be asked to leave the facility. If behavior persists my B.T.B. Pass may be suspended or revoked.

B.T.B. participant Name (please print) _____

B.T.B. participant Signature _____

Parent's/Guardian's Signature _____ Date _____

BUS CODE OF CONDUCT

Bus transportation is a privilege. Students are expected to cooperate with the bus driver and YMCA Staff while traveling from school to the Hamilton Area YMCA. Due to inappropriate behavior, students may lose their privilege to ride the bus. If such cases, reoccur the student may be asked to not participate in the B.T.B. program.

The following regulations must be observed:

1. Be on time at the designated stop.
2. Never stand in the street or on private property while waiting for the bus.
3. Wait until the bus comes to a complete stop before walking toward it.
4. When you must cross a roadway at your stop, go to a point at least 10 feet in front of the bus and wait for the signal to cross from your driver.
5. Sit in your assigned seat. Use a seatbelt if available.
6. Keep your arms and other parts of your body inside the bus at all times.
7. Emergency exits should not be obstructed and should only be used in emergencies. In case of emergency, remain in your seat until directions are given by your driver.
8. Shouting, whistling, profanity, or rowdy conduct will not be tolerated.
9. No smoking on the bus or at the bus stop.
10. Only Students registered in the B.T.B. program may ride the bus

Students who do not behave appropriately will be asked to not participate in the program

Examples of major and minor violations:

Major

- *Open defiance/insubordination to bus driver
- *Assault on other students/bus driver moving
- *Use of profanity/gestures/obscenities
- *Vandalism/deface/damage bus property/or other students
- *Smoking on the way to the bus stop/at the bus stop/on the bus
- *Fighting/instigating a fight
- *Possession/distribution of/igniting/fireworks/stink and/or smoke bombs
- *Endangering the safety of others
- *Abusive/disrespectful conduct
- *Theft/extorting the possession of others
- *Alcohol/drugs
- *Distribution of non-school material considered to be inappropriate by school administration
- *Weapons
- *Threatening/intimidating/harassing others
- *Failing to be at the assigned location at the assigned time for pickup

Minor

- *Not wearing your seat belt
- *Out of your seat while bus is moving
- *Switching seats
- *Yelling above a normal tone

I/We, the undersigned have read, understand and agree to all of the above.

Signature of Participant _____ Date _____

Signature of Guardian _____ Date _____

Child's Name _____

**Hamilton Area YMCA
Medical Form**

Is your child under any medical restrictions? ___Yes ___No If yes, check all that apply:

___Asthma ___Hearing loss ___Diabetes ___Convulsions ___Other: _____

Is your child taking any medication? ___Yes ___No If yes, please list: _____

(If medication is needed during the Before/After School Program, an authorization form must be completed. The form can be obtained from hamiltonymca.org or from the child care office.)

Has your child been under a doctor's care or hospitalized within the last three years? ___Yes ___No

If yes, please explain: _____

Is your child allergic to any medications/food/insect stings? ___Yes ___No If yes, Please list _____

Child's Physician _____ Telephone Number _____

Physician's Address _____

Please notify the Hamilton Area YMCA office if your child is exposed to any communicable diseases during the school year.

As a parent/guardian of the above participating child, I certify that he/she is in good physical health and may participate in all of the activities of the Before and/or After School Program, except as noted above.

Parent/Guardian Signature _____

Date _____



Hamilton Area YMCA
Child Learning and Development
Bank Draft Authorization
2018/2019 School Year

Child(ren)'s Names _____

I, _____ authorize the HAMILTON AREA YMCA to initiate debit entries, via Bank Draft, to my Bank Checking/Credit Card Account at the depository financial institution listed below and to debit the same such account. I acknowledge that the origination of Bank Draft transaction to my account must comply with the provisions of U.S. law.

This debit will commence on _____, 20____ and occur monthly on the first day of the month (or next business day). Authorization will remain in full force for the period ending _____, 20____, or until the Hamilton Area YMCA has received proper written notification from me to terminate the Bank Draft.

- I understand that for any Credit Card or Checking Account Bank Draft that is returned, there will be a non-waivable \$25.00 service charge.
- I understand that in order to stop the draft or update account information, I must notify the Hamilton Area YMCA by the 15th of the month prior to draft date.
- I understand that it is my responsibility to check my monthly bank/credit card statement and report any corrections immediately to the Hamilton Area YMCA.

1. Credit Card Option

Type of Card (circle one): Credit Debit Flex Pay

Credit Card Number: _____

Exp. Date: _____ SIC#: _____

If card expires during the draft time period, it is your responsibility to update the card information prior to the expiration date to avoid the \$25 service charge.

OR

2. Checking Account Option

Bank Name: _____

Bank Address: _____

Account Number: _____

Bank Transit Routing NO. _____

Please attach voided check if using a checking account

Signature: _____ Date: _____

For Office Use Only:

PROGRAM: B.T.B. _____

Total Amount of Monthly Draft: _____