



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

# Ring in the New Year

## **SERVICE PROJECT at May Creek Park YMCA EARTH SERVICE CORPS**

Ring in the New Year with YESC for the first outdoor service project of 2017.

We're partnering with the Weed Warriors Nature Stewards Program to remove English Holly and Himalayan Blackberry. Together, we're restoring an awesome greenspace in Newcastle next to the salmon bearing stream, May Creek.

The removal of invasive species like Holly and Blackberry helps restore a salmon-healthy understory and ecosystem. This will benefit the salmon traveling, spawning, and living in the creek. Join us for a bramble of a good time!

### **WHEN?**

Saturday, February 4th 10:00am-2:00pm

### **WHERE?**

May Creek Park  
12985 May Creek Park Dr  
Newcastle, WA 98059

### **REGISTER**

Registration required. Call us at 206.587.6116 or email us at [yesc@seattlymca.org](mailto:yesc@seattlymca.org).

### **WOULD YOU LIKE A RIDE ON A YESC MINIBUS?**

Please REGISTER to reserve your seat on a Y Minibus. Buses will leave from the following locations:

West Seattle Y at **9:00am**

Jefferson Community Center at **9:15am**

University Y at **9:00am**

Sammamish Y at **9:15am**

Bellevue Family Y at **9:30am**



### **WHAT YOU NEED TO BRING:**

- Water Bottle
- Clothes that can get dirty
- Closed-toed Shoes (No sandals or flip-flops!)
- Registration Form

### **WHAT WE WILL PROVIDE:**

- LUNCH!
- Gloves and Tools
- 4 Service Hours
- A Ride (If you need one)

### **YMCA EARTH SERVICE CORPS**

309 Pontius Ave N, Seattle WA 98109

P 206.587.6116 F 206.382.4920 W [ymcaearth.org](http://ymcaearth.org)







## YESC Service Project at May Creek Park

Come join YMCA Earth Service Corps for our first service project of the New Year! We'll be at May Creek Park, 12985 May Creek Park Dr Newcastle, WA 98059, on February 4th from 10am-2:00pm. Transportation will be provided from the Bellevue Y, Sammamish Y, University Y, West Seattle Y, and Jefferson Community Center.

To register, please submit this form to a YMCA Earth Service Corps staff member or:

**Mail:** YMCA Earth Service Corps  
309 Pontius Ave N Seattle, WA 98109

**Email:** [yesc@seattleyymca.org](mailto:yesc@seattleyymca.org)  
**Fax:** 206-382-4920

| PARTICIPANT INFORMATION—Please Print Clearly |            |            |                   |     |
|--|------------|------------|-------------------|-----|
| First Name                                   | Last Name  |            | Preferred Name    |     |
| Street Address                               |            | City/State |                   | Zip |
| Home Phone                                   | Cell Phone |            | Participant Email |     |
| School                                       | Birthdate  | Gender     | Current Grade     |     |

| EMERGENCY CONTACT INFORMATION—Please Print Clearly |  |               |  |              |
|--|--|---------------|--|--------------|
| 1. First Name                                      |  | Last Name     |  | Relationship |
| Address  |  | City/State    |  | Zip          |
| Phone Number                                       |  | Primary Email |  |              |
| 2. First Name                                      |  | Last Name     |  | Relationship |
| Address  |  | City/State    |  | Zip          |
| Phone Number                                       |  | Primary Email |  |              |

| RACE/ETHNICITY (OPTIONAL)   |  |  |
|---|--|--|
| The YMCA is committed to serving people of all ages, races, religions, genders, sexual orientations and economic levels. Indicating your ethnicity below will help us determine if we are meeting this goal. This information is kept confidential. |  |  |
| <input type="checkbox"/> African American/Black   | <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Caucasian/White  | <input type="checkbox"/> Hispanic or Latino                | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Other Pacific Islander   | <input type="checkbox"/> Choose not to answer              | <input type="checkbox"/> Other _____     |

| TRANSPORTATION  |   |
|---|---|
| Transportation will be provided from select sites. Buses are contingent on reaching a minimum number of riders and will be cancelled if not reached. Please contact us at 206-587-6116 or <a href="mailto:yesc@seattleyymca.org">yesc@seattleyymca.org</a> if you would like further information. |   |
| Would you like a ride on a YMCA Mini-Bus?   | Y      N  |
| Preferred Pick-Up Site:   | <input type="checkbox"/> Bellevue Y <input type="checkbox"/> Sammamish Y <input type="checkbox"/> University Y<br><input type="checkbox"/> West Seattle Y <input type="checkbox"/> Jefferson Community Center |



## Medical Release & Release from Liability

**Insurance:** I understand it is my responsibility to provide for my/my child's own accident and health coverage while participating in this program and I further understand that the YMCA does not provide this coverage.

**Photograph Permission:** I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my/my child's image or voice for purposes of promoting YMCA programs.

**Behavior Expectations:** I understand that all YMCA rules must be abided by my son or daughter. These include a zero tolerance for alcohol, drugs, fireworks or weapons. I recognize that students must follow safety instructions, remain in designated areas, and refrain from behavior that is harmful to oneself or others. If staff determines that my child has not heeded stated rules, I understand that I will be notified, and that my child will be dismissed from the activity, without refund of fees if applicable.

**Property Loss:** I acknowledge that the YMCA of Greater Seattle is not responsible in any way for personal clothing, items or equipment that may be lost, stolen, or damaged as a result of my/my child's participation in YMCA Earth Service Corps Programs and activities.

**Medical Treatment:** In the event I cannot respond, I give permission for emergency medical, surgical and hospital treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by a physician to safeguard my or my child's health.

### **Medical Information**

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Information (Allergies, Asthma, Impaired Mobility, or other Medical Conditions):  
\_\_\_\_\_

Is there anything else we should know about your son or daughter in order to respond appropriately in an emergency? If yes, please explain. \_\_\_\_\_

Date of last Tetanus Immunization: \_\_\_\_\_ Any dietary restrictions: \_\_\_\_\_

Family Medical/Hospital Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Release from Liability:** By signing below, I hereby agree to release the YMCA of Greater Seattle and all of its employees, volunteers, directors, officers and other representatives from any ordinary negligence and from all responsibility and liability of any nature, including claims for injury, death, loss or damage resulting from my child's participation in YMCA Earth Service Corps Programs. This includes the loss of the right to sue, win and recover damages if my child is injured by actions of the YMCA or any independent contractor for the YMCA. I acknowledge that I have signed this of my own free will and that my child's participation in YMCA Earth Service Corps program activities is purely voluntary. If any portion of this release is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

I have read, or have had read to me, and I understand and agree to the above statements.

\_\_\_\_\_  
Participant name (please print)

\_\_\_\_\_  
Participant/client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature (if participant is under 18 years old)

\_\_\_\_\_  
Date

**AGREEMENT REGARDING INDIVIDUAL  
VOLUNTEER SERVICE WITH THE WEED WARRIORS**

I \_\_\_\_\_ hereby volunteer my services to perform only the services  
(Name-of-Volunteer)

as outlined in the scope of volunteer work for the Weed Warriors organization. I understand I will not be compensated for my volunteer work. I certify that I am capable of performing the duties as outlined in the scope of volunteer work according to the ADA, Americans with Disabilities Act, Title III: (check which applies)

without accommodation

with the following accommodations: \_\_\_\_\_

The scope of volunteer work may include, but not be limited to, participation in the following Weed Warriors activities: projects, events, workshops or seminars.

I consent to the Weed Warriors performing a background check into my history in accordance with RCW 43.43.830–839 and I hereby waive any right of privacy I may have in such information for the limited purpose of the Weed Warriors considering it for determining my suitability as a volunteer. (To be used for volunteers who will have regularly scheduled, unsupervised access to children under sixteen years of age, developmentally disabled persons, or vulnerable adults.) I understand that I or the Weed Warriors may terminate this agreement at any time without cause, that I am volunteering my services at will, and may be asked to discontinue such without prior notice or reason.

I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of Weed Warriors tools or facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the Weed Warriors organization, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities, except for those caused by the sole negligence of the Weed Warriors. I give permission for photos/videos taken of myself during volunteer activities to be used for publicity purposes, without recompense. This agreement will be in effect for the duration of my volunteer services beginning this date.

**Dated:** \_\_\_\_\_, 201\_\_\_\_.  
Month Date Year

\_\_\_\_\_  
**Volunteer's Printed Name**

\_\_\_\_\_  
**eMail**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State Zip Code**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**