



Barry  
Community  
Foundation

For Good. For Barry County. Forever



## Summer 2018

Dear YAC member,

It's that time of year again; our YAC season is just around the corner. We are looking forward to beginning the 2018-2019 year! Whether you are new to YAC or you've been a member for several years... we hope that you will join this amazing group working to improve the quality of life for the youth of Barry County. In an effort to reach more of our peers across the county, we're going to hold a few meetings in other towns besides Hastings – Delton, Nashville, and Middleville. See the calendar at the end of this packet for dates and locations!

We have had an incredible opportunity to work as this year's Barry Community Foundation YAC summer interns. Together as a team, we are working hard to tackle the YAC annual report, plan this fall's Roof Sit event and retreat, improve our Circle of Giving program, and formulate a solid needs assessment to help with our grantmaking activities. If you have any questions or things you would like to see changed about YAC, feel free to contact one of us. We are always open to improving our YAC and making changes for the greater good!

Our first event will be our Annual YAC Retreat from August 25<sup>th</sup> at 4:30 p.m. through August 26<sup>th</sup> at 3:00 p.m. This is an overnight retreat that will take place at the YMCA Camp Algonquin located at 2055 Iroquois Trail, Hastings, MI 49058. We have many fun activities -and good food- planned for the weekend, including YAC 101, dodgeball, teambuilding, and more!

**Prior to the retreat** the forms included with this letter must be **completed & returned** to YAC Advisor Sarah Alden at the Barry Community foundation via email or regular mail. They are: *Member Contract*, *YAC Waiver and Release of Liability*, and *YMCA Release of Liability*. The forms are also on our website at <http://www.barrycountyyac.org>.

Return completed forms to: BCF Youth Advisory Council  
c/o Sarah Alden, YAC Advisor  
231 S. Broadway  
Hastings, MI 49058

Or return them via: (269) 945-0826 [fax] or [sarah@barrycf.org](mailto:sarah@barrycf.org) [email]

We hope to see you at the YAC retreat! For updates on events and other things involving YAC, like our Facebook page (search for "Youth Advisory Council of Barry County") or call the Barry Community Foundation at (269) 945-0526.

Sincerely,

Hannah Johnson, Brady Zellmer, Turner Halle, and Daniel Hannapel  
2018 YAC Interns



# Barry Community Youth Advisory Council Member Contract

- 1 I understand that my appointment to the Barry Community Foundation Youth Advisory Council (YAC) is not only an honor but also a responsibility. As a member, I will work toward achieving these goals:
  - Identify problems teenagers are facing.
  - Suggest solutions to these problems.
  - Work toward solving these problems.
  - Provide information about the Youth Advisory Council in my school, church, and other organizations in which I am involved.
  - Represent a cross-section of diverse interests and activities.
  - Impact the adult community by showing that teens can be the source of solutions.
  - Increase awareness of youth issues in the adult community.
  - Gain leadership experience.
  - Gain friendships and contacts from other area schools.
- 2 I will be respectful, inclusive, and kind.
- 3 I will attend and participate in meetings, give my best effort in working on YAC projects, serve on selected committees, and be a spokesperson for the YAC and its efforts to get young people involved in meaningful community service projects. I understand that I must be an active YAC member in order to participate in Circle of Giving.
- 4 I will treat grant discussions as **confidential**, and agree that it is the responsibility of the Barry Community Foundation staff to notify grant applicants of our decisions.
- 5 I realize that it is my responsibility to represent youth of Barry County in a positive manner. Should I fail to do this, by incurring disciplinary action in some form (e.g., by law enforcement or school officials), my commitment to YAC may be reevaluated.
- 6 I understand and agree that if I have two (2) absences from YAC meetings I may temporarily lose my voting privileges. If my absences are **unexcused** (if I do not promptly call or email to excuse myself), my commitment to YAC may be questioned.

Printed Name: \_\_\_\_\_ School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (2018-19): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

YAC Member Signature:

**Barry Community Foundation  
Youth Advisory Council  
2018-2019 Waiver & Release of Liability**

**PRINT STUDENT'S NAME HERE:** \_\_\_\_\_

**RELEASE OF LIABILITY & MEDICAL RELEASE**

I understand that the Barry Community Foundation Youth Advisory Council program activities may include physical activities and travel (referred to collectively herein as the "Activities"). I affirm that my/my child's health is good and that I/he/she is not/am not under a physician's care for any undisclosed condition which might endanger my/his/her health or that of other participants during the Activities. I recognize the inherent risk of injury or disability in the Activities. I agree to assume and accept the risk of physical injury that may result from any of these Activities. I hereby release, indemnify, and hold harmless the Barry Community Foundation, their respective boards of directors and members thereof, affiliates, staff, agents, officers, representatives, volunteers, heirs, successors and assigns ("Releasees") from any and all claims, liability, or damages for any injury to me resulting directly or indirectly from participation in, and travel to or from, the Activities.

If Participant is under age 18, I as the undersigned parent or legal guardian, for myself and on behalf of my heirs, assigns, and next of kin, hereby release, indemnify, and hold harmless the Releasees from any and all claims, liability, or damages for any injury to Participant resulting directly or indirectly from participation in, or travel to or from, the Activities, to the fullest extent permitted by law.

I further hereby give permission to the Barry Community Foundation to secure emergency medical and surgical care and treatment for the above-named Participant while in attendance at any Activities. I transfer and assign to any hospital or clinic in which the Participant is confined or treated, all hospitalization and insurance proceeds that may be paid by me. I further agree and promise to pay any amount not covered by insurance.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if under age 18)

\_\_\_\_\_  
Date

**PHOTO USE/RELEASE**

I, \_\_\_\_\_, (**print Participant's name or parent/guardian's name if Participant is under age 18**), hereby grant and authorize the Barry Community Foundation and Youth Advisory Council, and persons acting for or through them, the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of the above-named Participant in connection with the Youth Advisory Council, and authorize the Barry Community Foundation, their assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Barry Community Foundation may use such photographs of Participant with or without Participant's name and for any lawful purpose, including, for example, publicity, advertising, annual reports, and web content.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature (if under age 18)

\_\_\_\_\_  
Date



**YMCA OF BARRY COUNTY – High Adventure Activities**

**Participant Information & Release of Liability Permission Form**  
*(please copy as needed)*

**DISCLOSURE**

The YMCA of Barry County Adventure Center programs involve a variety of activities that often include group games, group initiative problems, a zip line, a climbing tower, high and low challenge ropes course elements, and other rigorous physical adventure activities. Although the level of participation is completely up to the individual's choice, there is a risk, which must be assumed by each participant that he or she may suffer an emotional or physical injury and disability.

Policy for participation in all YMCA of Barry County Adventure Center programs requires that every participant have health/accident insurance coverage. In addition, certain health/medical information must be made known to the facilitators conducting programs, so that they may be prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to the YMCA Adventure Center prior to participating in any activities.

**PARTICIPANT INFORMATION**

1. Name \_\_\_\_\_
  
2. Do you have health/accident insurance?  Yes  No  
If yes, name of company \_\_\_\_\_  
Insurance #'s \_\_\_\_\_
  
3. Do you have limiting physical disabilities or handicaps? (Temporary or Permanent)  
 Yes  No  
If yes, identify and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Are you currently taking medication? (Prescribed or otherwise; e.g. cold medicine)  
 Yes  No  
If yes, state what you are taking and what condition it is for \_\_\_\_\_  
\_\_\_\_\_
  
5. Do you have any allergies, reactions to medications, or any other medical limitations?  
 Yes  No  
If yes, identify and explain \_\_\_\_\_

**RELEASE OF LIABILITY**

I understand that parts of the YMCA of Barry County Adventure Center program may be physically or emotionally demanding. I affirm that my health is good and that I am not under a

physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risk of injury or disability in YMCA Adventure Center activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release the YMCA of Barry County, its staff, agents and officers from any claims, liability, or damages for any injury to me from participation in the YMCA Adventure Center activities.

Participant's Signature (If at least 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

Participant's Address \_\_\_\_\_

City, Town, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Business Phone Number \_\_\_\_\_

In addition to agreeing with the above release of liability, I also give permission for my child to participate in the YMCA Adventure Center activities.

Parent or Guardian's Signature (If participant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

**Medical Release**

I hereby give permission to the YMCA of Barry County and the YMCA Adventure Center program to secure Emergency Medical and Surgical Care and Treatment for the above named participant while in attendance at the YMCA Adventure Program.

I transfer and assign to any hospital or clinic in which the above named is confined or treated all hospitalization and insurance proceeds which may be paid me. I further agree and promise to pay any amount not covered by insurance.

Participant (Parent if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company & Policy Number (a copy of insurance card is acceptable) \_\_\_\_\_

**Photo Release**

The YMCA of Barry County and its Adventure Center is collecting a series of awareness materials, which could be used to further disseminate our programs. In order for us to use these materials, we need your permission, as follows:

I, \_\_\_\_\_, grant to the YMCA of Barry County, and persons acting for or through them, the right to use, reproduce, and assign and/or distribute photographs, films, videotapes and sound recordings of myself or my child, for use in materials they may create.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Parent if under 18 years of age)

# AUGUST

Saturday 8/25 4:30 p.m.  
to Sunday 8/26 3:00 p.m.

Overnight Retreat  
YMCA Camp Algonquin  
[2055 Iroquois Trail, Hastings, MI]

# SEPTEMBER

Sunday 9/9 1:00-3:00 p.m.

YAC Meeting & Officer Elections  
[BCEC, 231 S. Broadway, Hastings, MI]

# OCTOBER

Saturday 10/13 9:00 a.m.-2:00 p.m.

Roof Sit 9:00 a.m.-12:00 p.m.  
[Team 1: Downtown Hastings, MI]  
[Team 2: Downtown Middleville, MI]

*followed by*

YAC Meeting 12:00-2:00 p.m.  
[BCEC, 231 S. Broadway, Hastings, MI]

# NOVEMBER

Sunday 11/11 1:00-3:00 p.m.

YAC Meeting & Fall Grant  
Applications Review  
**DELTON**

[Delton District Library, 330 N. Grove St.,  
Delton, MI 49046]

# DECEMBER

Sunday 12/9 12:00-4:00 p.m.

United Way Service Project & YAC  
Holiday Party  
[BCEC, 231 S. Broadway, Hastings, MI]

# JANUARY

Sunday 1/13 1:00-3:00 p.m.

YAC Meeting - **NASHVILLE**  
[Location TBA]

# FEBRUARY

Sunday 2/10 1:00-3:00 p.m.

YAC Meeting  
[BCEC, 231 S. Broadway, Hastings, MI]

# MARCH

Sunday 3/10 1:00-3:00 p.m.

YAC Meeting & Spring Grant  
Applications Review  
[BCEC, 231 S. Broadway, Hastings, MI]

# APRIL

Sunday 4/14 1:00-3:00 p.m.

YAC Meeting & Spring Service Project  
**MIDDLEVILLE**  
[Location TBA – decided by vote of YAC]

# MAY

Sunday 5/12 (Time TBA)

End of the Year Party  
[Location & Time TBA – decided by  
YAC Events Committee]



## WHAT IS YAC?

The Youth Advisory Council (YAC) is the product of community contributions coupled with an initial \$1 million challenge grant from the W.K. Kellogg Foundation through the Michigan Community Foundations Youth Project. YAC has grown and thrived over the years thanks to the **generosity** of those in Barry County who understand the importance of youth grantmaking, youth leadership opportunities, and **creating a better community for generations to come.**

Barry Community Foundation (BCF) YAC grants are available for projects that benefit youth in Barry County. **YAC reviews all grant applications** and makes recommendations to the BCF Board of Directors on ones to award.

In addition to grantmaking, YAC **meets monthly** for teambuilding, service projects & a whole lot of fun!

## HOW DO I JOIN?

Joining YAC is easy! Membership is open to young people ages 13 to 21 living in the Barry County area. Contact YAC Advisor Sarah Alden: (269) 945-0526 or sarah@barrycf.org

# 2018-2019



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