



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## MEDFORD YOUTH CENTER MEMBERSHIP APPLICATION

ONLY COMPLETE FORMS WILL BE PROCESSED

| 1) MEMBER INFORMATION  |              |   |            |
|--|--------------|---|------------|
| First Name   | M.I.         | Last Name   | Member ID# |
| Birth Date: ____/____/____ Age: ____   |              | School: _____   |            |
| City/State of Birth: _____   |              | Grade (2019-20 School Year): _____ Teacher: _____   |            |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer  |              | Did your child progress to the next grade on time? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| Can Child swim? <input type="checkbox"/> Yes <input type="checkbox"/> No   |              | Does your child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| Address <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></span>   |              |   |            |
| Home Phone: _____  |              |   |            |
| Does Child have siblings that attend the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No  |              | Is Child a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| Name: _____  | Grade: _____ | Child of Military and does not live on base? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| Name: _____  | Grade: _____ | Does Child Have a history with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| Name: _____  | Grade: _____ | Has Child been homeless in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No   |            |
| 2) EMERGENCY MEDICAL AND ADDITIONAL INFORMATION  |              |   |            |
| Insurance Carrier  |              | Policy #:   |            |
| Doctor's Name:   |              | Phone #:  |            |
| Doctor's Address <span style="float: right;">City <span style="margin-left: 100px;">State</span> <span style="margin-left: 100px;">Zip Code</span></span>  |              |   |            |
| <b>Allergies:</b>  |              | <b>Are you concerned about a medical or other condition that will impact your Child's time at the Center?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, please explain: |            |
| <b>Medications:</b> <i>(please list all medications)</i>   |              | _____<br><br>Does your child use an Epi Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Does your child use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |
|  |              | <b>Preferred Emergency Hospital:</b> _____  |            |
| <b>Please use this section to share any information that you feel would help Center Staff to best support your child. For example, a recent trauma, particular behavior, fears, etc. (Attach additional paper if necessary).</b> |              |   |            |

| 3) PARENT/GUARDIAN INFORMATION           |   |
|--|---|
| Parent/Guardian #1 Name:                 | Relationship to Club Member:  |
| Home Address (if different than Member): | Home Phone #:   |
|  | Cell #:   |
| Employer:                                | Work #:   |
| Email Address:                           | Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No      Club Alum: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent/Guardian #2 Name:                 | Relationship to Club Member:  |
| Home Address (if different than Member): | Home Phone #:   |
|  | Cell #:   |
| Employer:                                | Work #:   |
| Email Address:                           | Unemployed: <input type="checkbox"/> Yes <input type="checkbox"/> No      Club Alum: <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 4) EMERGENCY CONTACTS (in addition to parents/guardians above) MANDATORY                              |               |               |         |
|---|---------------|---------------|---------|
| Name:   | Relationship: | Home Phone #: | Cell #: |
| Name:   | Relationship: | Home Phone #: | Cell #: |
| Please list anyone <u>NOT</u> authorized to contact your child that you would like us to be aware of: |               |               |         |

| 5) DEMOGRAPHICS (All information provided will remain confidential. This information is used for funding purposes to keep costs affordable.)  |  |   |  |
|---|--|---|--|
| <b>Government Assistance:</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Food Stamps/SNAP<br><input type="checkbox"/> Mass Health/Medicaid<br><input type="checkbox"/> TAFDC<br><input type="checkbox"/> SSI<br><input type="checkbox"/> SSDI<br><input type="checkbox"/> Unemployment Assistance<br><input type="checkbox"/> Veterans Assistance<br><input type="checkbox"/> Other _____   | <b>Member lives with:</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Step Father<br><input type="checkbox"/> Step Mother<br><input type="checkbox"/> Aunt<br><input type="checkbox"/> Uncle<br><input type="checkbox"/> Grandparent/s<br><input type="checkbox"/> Guardian/s<br><input type="checkbox"/> Foster Parent/s<br><input type="checkbox"/> Other _____ | <b>Member's Primary Language:</b><br><i>(Check one)</i><br><input type="checkbox"/> English<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> French<br><input type="checkbox"/> Mandarin<br><input type="checkbox"/> Creole<br><input type="checkbox"/> Hindi<br><input type="checkbox"/> Portuguese<br><input type="checkbox"/> Tibetan<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Punjabi<br><input type="checkbox"/> Other: | <b>Single Parent?</b><br><i>(Check one)</i><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><br><b>School Lunch Program:</b><br><i>(Check one)</i><br><input type="checkbox"/> Free<br><input type="checkbox"/> Reduced<br><input type="checkbox"/> Brings Lunch/<br>Pays for<br>Lunch<br><input type="checkbox"/> Unknown |
| <b>Race/Ethnicity:</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian<br><input type="checkbox"/> Bi-racial<br><input type="checkbox"/> Caucasian/White<br><input type="checkbox"/> Hawaiian or Pacific Islander<br><input type="checkbox"/> Hispanic/Latino<br><input type="checkbox"/> Multi-racial<br><input type="checkbox"/> African-American/Black<br><input type="checkbox"/> Other: _____ | <b>Housing:</b><br><i>(Check all that apply)</i><br><input type="checkbox"/> Public Housing<br><input type="checkbox"/> Own<br><input type="checkbox"/> Section 8 Voucher<br><input type="checkbox"/> Emergency<br>Housing (Shelter,<br>hotel, etc.)<br><input type="checkbox"/> Rent  | <b>Total # of People in Household:</b><br><i>(Check one)</i><br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5<br><input type="checkbox"/> 6<br><input type="checkbox"/> 7<br><input type="checkbox"/> 8 or more  | <b>Household Combined Yearly Income:</b> <i>(Please write annual income in the space below)</i><br><br>\$ _____  |

## Policies, Agreements, Permissions and Waivers

**Drop-In Policy:** I understand the following: this is a drop-in program with an open-door policy meaning that my child may arrive at or depart from the program at any time during the program and will sign themselves in and out of the program; the drop-in program being offered is not licensed by the Department of Early Education and Care or any other state agency; the program is offering drop-in services with staff supervision of the indoor space (gym and classrooms). Staff don't escort the children to the bathrooms. The program is not responsible for the care or supervision of children beyond program closing time. Occasionally, supervised outdoor programming will take place at local parks and on the property the center is located. Youth may move through the building without direct supervision.

**Payment Agreement:** I agree to pay **\$100** for per child enrolled or I can choose to be drafted **\$10** a month per child enrolled to participate in the Medford Youth Center school age program. I understand that my child will also receive a YMCA Youth Membership (\$140 value that will only be valid at the Malden YMCA and cannot be used at any other YMCA). I understand that if I pay the \$100 upfront but choose for my child to not continue the program, I will be refunded minus the months the program was already utilized. It is my complete understanding that if I wish to terminate my membership or change my membership in anyway, I must give the YMCA a written notice 5 days before my draft date. All payments will be drafted the month prior to participation.

**Property Loss or Damage Policy:** The undersigned, for himself or herself and such participating children understands that the Malden YMCA is not responsible for personal property loss, damaged or stolen while using the Malden YMCA facilities or participating in the Malden YMCA programs. I will be financially responsible for any intentional damage or vandalism to the YMCA of Medford Youth Center caused by my child.

**Internet Usage Policy:** As a member of the Medford Youth Center, my child will have access to the Internet. While precautions are taken by the Medford Youth Center, it is possible that s/he may access sites inappropriate for him/her and there are rules and consequences for such behavior. However, I will not hold the YMCA or their staff, employees, volunteers, or directors responsible for the consequences of any such access by my child.

**Surveys:** I understand that my child may be asked to complete surveys about the center's programming. This information is used to improve services and is always kept confidential.

**Medical and First Aid:** I hereby authorize the Malden YMCA staff to administer First Aid and CPR to my child as needed. I understand that if my child needs medication during the program hours then a parent or guardian must administer the medication. In the event of an emergency, I hereby authorize my child transported to the nearest medical facility as deemed appropriate by responding medical personnel. I hereby authorize the medical personnel attending to my child to secure and administer medical treatment as necessary including, but not limited to: hospitalization, injections, anesthesia and/or surgery; I hereby authorize the Malden YMCA to obtain and/or release whatever educational, psychological, or medical information and records deemed necessary; I understand that the staff will make every effort to notify me and/or my emergency contacts of the emergency immediately; I hereby authorize the Malden YMCA to contact and to release my child to the emergency contacts that I designate in this application; I understand that Health and Accident Insurance Coverage is not provided by the YMCA and all medical expenses incurred by my child will be my responsibility. I hereby give the Malden YMCA permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

**Photograph Permission:** The undersigned, for himself or herself and such participating children hereby gives permission for the Malden YMCA to use without limitation or obligation, photographs or other media that may include the member's image or voice to promote or interpret Malden YMCA programs or to be used as part of Medford Youth Center's programming.

**Circle "No" if Denying: NO**

Please initial Here and sign  
page 4:

\_\_\_\_\_

**Field Trip Permission:** My child has permission to leave the building with staff on local field trips (ex: parks, playgrounds).

**Circle "No" if Denying: NO**

**Computer/Tablets Permission:** My child has permission to use computers or tablets at the Center.

**Circle "No" if Denying: NO**

**Movie Permission:** My child has permission to watch (circle all that apply): G PG movies PG-13 movies.

**Releases:** I give my permission to the YMCA and the individuals/organizations listed below, to exchange information regarding my child. The purpose of these exchanges is to help everyone do a better job of helping my child be successful. These releases are valid for one year and may be revoked at any time by contacting the YMCA in writing.

1. **School:** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Phone or Email:** \_\_\_\_\_

2. **Counselor:** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Phone or Email:** \_\_\_\_\_

3. **Other:** \_\_\_\_\_ **Contact Person** \_\_\_\_\_ **Phone or Email:** \_\_\_\_\_

**Liability Waivers For Malden YMCA Membership And Medford Youth Center:** In consideration of gaining membership or being allowed to participate in the activities and programs of the Malden YMCA and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge (or for my children to so participate), the undersigned, for himself or herself and such participating children do hereby waive, release, and forever discharge the Malden YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from their participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of their participation in any activities at said facility. The undersigned, for himself or herself and such participating children do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to themselves, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with their participation in any activities of the Malden YMCA or the use of any equipment at the Malden YMCA. In joining the Malden YMCA, the undersigned along with the children understand that they must adhere to the Malden YMCA Code of Conduct. The undersigned, along with the participating children agree to adhere to all policies set by the Malden YMCA.

**Malden YMCA Facility Access:** The applicant/s acknowledges that it is the policy of the Malden YMCA to deny membership to any individual convicted of a sexual offense and that the YMCA will periodically check its membership records for convictions.

**Cell Phone Use/Video Taping:** Due to advances in video equipment and telephone technology, and for the safety and security of our members and guests, any and all video equipment may not be used in locker rooms, dressing areas, shower areas, restrooms, or other areas generally deemed to be "private" within Malden YMCA facilities. The Malden YMCA requests that all cell phone usage be reserved for lobby areas only.

**In addition to the YMCA membership Liability waiver, Facility Access policy, and Cell Phone/Videotaping policy by signing below I also acknowledge that: (1) I understand the drop-in policy; (2) agree to the pay as stated; (3) I Agree to the Property Loss and Damage Policy; (4) I agree to the Internet usage policy (5) I understand how surveys will be utilized; (6) I have authorized all of the Medical and First Aid procedures; (7) I have authorized or denied the above permissions and releases; (8) I have read the Medford Youth Center Drop-in program information guide and agree to abide by all the policies; (9) and I confirm that the information stated in this application and any form I submit is accurate and complete.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Your signature confirms that all information provided above is true and accurate

**Print Name:** \_\_\_\_\_



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## Authorization & Release of Information Form

Dear \_\_\_\_\_:  
(Name of school)

My child \_\_\_\_\_ is participating in programs at the YMCA's Medford Youth Center. These programs may include:

- Study Time: Mandatory daily homework assistance, including help with problems, homework being checked for accuracy and completion, and weekly incentives.
- Additional homework help when my child requests it.
- High Yield Learning Activities that foster teamwork and critical thinking.

In an effort to strengthen these programs for my child, I hereby give permission to the YMCA's, Medford Youth Center Leadership staff to speak with and get information from my child's teacher(s) and/or Guidance Counselor regarding homework, academic reports (report cards, test scores, behavior management plans/interventions, 504 plans and IEP's) and any extra assistance which may be helpful to my child's academic and personal progress.

If you have any questions or need to reach the Center, please feel free to contact them at:

Phone: (781) 391- 3619 or Medfordyc@ymcamalden.org

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Date

(Please Print)

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_



## Medford Youth Center Parent/Guardian Program Information Guide

**General Information:** The Medford Youth Center is a program of the Malden YMCA. The Malden YMCA was founded in 1881 and is a 501(c)(3) nonprofit organization. The Malden YMCA provides services to over 15,000 individuals each year in the communities of Malden, Medford, and Everett. The Malden YMCA is committed to strengthening the community and supporting community needs through youth development, healthy living, and social responsibility. The Y is made up of people of all ages and from every walk of life working side by side to strengthen communities. Together we work to ensure everyone, regardless of gender identity, income, faith, sexual orientation or cultural background has the opportunity to live life to its fullest. We share the values of caring, honesty, respect and responsibility—everything we do stems from it.

The after-school program at the Medford Youth Center provides a safe, fun and educational environment where children spend their afternoons learning and growing. We strive to provide an experience that assures that success is within reach of every young person who walks through our doors. Our daily programs in Education, Career Exploration, Healthy Lifestyles, The Arts and Music, Leadership and Sports and Recreation, create new opportunities, experiences and help develop lasting, positive friendships.

**Center Information:** Phone number: 781-391-3619; Email: [Medfordyc@ymcamalden.org](mailto:Medfordyc@ymcamalden.org); Address: 30 Forest St, Medford MA 02155

**Orientation:** At least one parent/guardian of the child attending the program must attend an orientation prior to the child starting. **Orientations will be available on Monday, August 26<sup>th</sup> at 12 pm and 6pm and Friday, August 30<sup>th</sup> at 12 pm and 6 pm.**

**Hours and days:** *After-school Program:* Monday, Tuesday, Thursday, Friday 2:30-6:30pm, Wednesday 1:30-6:30pm; *Medford early release days:* Center will be open from 11:30am-6:30pm, *Teen Nights:* Tuesday and Thursday. *Vacation Days and Weeks:* Parents/Guardians will be notified in advance what days and times we will be open.

**The Medford Youth Center program will begin on September 3<sup>rd</sup>, 2019 and end on the last day of school, 2020.**

**Ages:** The drop-in program is for those children that are 7 – 18 years of age.

**Becoming a Member:** All previous YMCA balances must be cleared before registration. The registration application must be completed in order for your child(ren) to attend the program. The cost to attend the Medford Youth Center afterschool drop-in program is \$100 per child enrolled for the full school year and includes a YMCA Youth Membership (\$140 value will only be valid at the Malden YMCA and cannot be used at any other YMCA). The \$100 can be drafted at \$10 a month or the \$100 can be paid upfront. All payments will be drafted the month prior to participation on either the 1<sup>st</sup> or the 15<sup>th</sup> as agreed upon.

**Withdrawal Policy:** Due to a high demand for the program, if your child does not drop-in for 15 consecutive days, it will be assumed they are no longer attending and the slot given to a child on the waitlist. Staff will attempt to contact the parent/guardian by both phone and e-mail prior to un-enrolling the child. If the full program fee is paid upfront and you choose for your child to not continue the program, you will be refunded minus the months the program was already utilized. To terminate a membership or change the membership in any way the YMCA must receive a written notice and for drafted accounts 5 days before the draft date.

**Drop-In Policy:** I understand the following: this is a drop-in program with an open-door policy meaning that my child may arrive at or depart from the program at any time during the program and will sign themselves in and out of the program; the drop-in program offered is not licensed by the Department of Early Education and Care or any other state agency; the program is offering drop-in services with staff supervision of the indoor space (gym and classrooms). Staff do not escort the

children to the bathrooms. The program is not responsible for the care or supervision of children beyond program closing time. Occasionally, supervised outdoor programming will take place at local parks and on the property the center is located. Youth may move throughout the building without direct supervision.

**Drop-off:** Please arrange with your child's school and bussing needs. Child may arrive by parent drop-off, school bus or walking.

**Dismissal/Pick-up:** As a Drop-in program, children are free to sign out and leave at any time on their own. The decision on leaving must exist between the parent/guardian and the child. Once a child leaves the center he/she cannot return that day unless prior arrangements have been made with the staff. Parent/guardians coming to the center to pick up their children, should be aware that during the school year their will be shows at the theatre and the parking lot may be blocked off. The Center will send a notification of shows and when possible.

**Snack/food:** Snack is provide everyday in the program at no charge. All snacks need to be consumed in designated areas only during snack times. No chewing gum is allowed in the Club. To ensure a safe and fun environment for all members, please do not send your child to the Medford Youth Center with foods containing nuts/peanuts. During Vacation Weeks or Holiday Programs, parents are responsible for providing their child(ren) with lunch and snack.

**Academics:** Everyday there will be a set time of at least 45 minutes where all participants must work on their homework or a literacy activity.

**Activities:** On a daily basis there will be a variety of activities that may include but not limited to literacy development, MYC news and video editing, digital music studio, computer skills, STEM activities, leadership development, Girls Group, team building, dance/step, sports, and gym games.

**Staff:** staff and volunteers have gone through a rigorous application and background check process. All staff and volunteers are thoroughly oriented and trained in youth development, child protection and abuse and youth development best practices.

**First-Aid Policy:** While we do not always contact parents for minor scrapes and scratches that require cleaning and bandage or ice, we will contact you when the first-aid personnel have concerns of an injury or accident. The program has staff certified in First Aid and CPR. In an emergency your child will be transported to the nearest hospital by ambulance and every effort will be made to contact you. In case of illness you will be contacted to pick up your child from the program. No child will be allowed to remain at the center if he/she is sick or there is reasonable assumption that they are ill. Parents/Guardian should use the utmost discretion in this matter. It is the at the Y's discretion to determine illness and parents must make arrangements for their child to leave the center if they are too ill to remain.

**Medication:** We cannot dispense medication at all in the drop-in program. Any child that needs to receive medication during program hours will have to have it administered by a parent or guardian. Children can self-administer inhalers and epi-pens if needed.

**Field Trips:** Any time members participate in any out of the center activity, he/she must have signed parental consent. Members are expected to remain in the building except when supervised outside activities are taken place.

**Phone Usage:** Members will only be allowed to use the Center phone for emergencies. In the event of an emergency, a message will be taken for all incoming calls and the member will be allowed to return the call promptly.

**Personal Belongings:** Members are **discouraged** from bringing **things of value** (monetary or emotional) to the Club. The staff is not responsible for safeguarding belongings of members. Any items brought into the Clubhouse is done so at the **members own discretion and risk**



**Cell Phones, Tablets and Personal Devices:** Cell phones, tablets and personal electronic devices are not allowed. If a member chooses to bring these devices to the center, staff request they remain in a backpack and on silent. Having cell phones and other electronic devices during programming leads to potential distractions and/or conflicts such as fighting and bullying between members and also prevents them from developing positive relationships with staff, volunteers and their peers. If a member is using a cell phone, tablet or personal electronic device in the Club, staff will keep it until the end of the day – locked in the center office.

**Behavior Management:** Behavior management is accomplished through a positive approach which respects the youth as an individual. Basic rules include respect for other, the property of others, the Medford Youth Center facility and the members/staff safety.

**Discipline Procedure and Policy:** If a child is involved in a disrespectful action toward staff, equipment, another member, visiting guest, or other adult, that child will be disciplined in accordance with policy. The process in which we try to modify the behavior is as follows:

- Verbal warning
- Break from program/activity
- Loss of privileges (ex. unable to attend the computer lab, gym, or special program)
- Day off from the Center - may be imposed for serious infractions or repeated offenses
- Multi-day suspension from the Center - may be imposed for serious infractions or repeated offenses
- Dismissal from the Center - may be imposed for serious infractions or repeated offenses

The YMCA reserves the right to use any of these steps depending on the offense. The Y reserves the right at any time to dismiss your child from the program immediately if we deem unsafe placement due to environment, physical, emotional, or other harm to themselves, other children, and staff. The YMCA has a zero-tolerance policy with regard to fighting or bullying. All zero tolerance offenses require parent involvement and will be dealt with immediately even if it means disrupting them at work.

Bullying is defined as the repeated use by one or more members of a written, verbal, or electronic expression, or a physical act or gesture, or any combination thereof, directed at a target that:

- Causes physical or emotional harm to a target or damage to the target's property;
- Places the target in reasonable fear of harm to himself or herself or of damage to his or her property;
- That unreasonably creates a hostile environment at the Club for the target;
- Infringes on the rights of the target at the Club; or
- Disrupts the learning process or the orderly operation of a Club.

Cyber-bullying is defined as: Bullying through the use of technology or any electronic communication, which can include, transfer of signs, signals, writing, images, sounds, data or intelligence of any nature transmitted by things like cell phones, computers, e-mail, instant message or text message. Cyber-bullying includes, but is not limited to:

- Creation of a webpage or blog in which the creator assumes the identity of another person;
- The knowing impersonation of another person as the author of posted content or messages, if the creation or impersonation is a violation under the law; or
- The distribution by electronic means of a communication to more than one person or the posting of material on an electronic medium that may be accessed by one or more persons, if the distribution or posting is a violation of the law.

It is also a violation of this policy for any member to engage in bullying or cyber-bullying at any activity, function or program or through the use of technology or an electronic device that is not owned, leased or used by the YMCA if the bullying creates a hostile environment at the center or at any YMCA sponsored or related event for the victim, infringes on the rights of the victim at the Y or at any Y sponsored or related event, or disrupts the learning process or orderly operation of the Club, as determined by Y administrators.