



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Louisville

Teen Leaders Club

2018/2019 Application

The Teen Leaders' Club is a program designed to build leadership skills in teens. Leaders focus on volunteer work, academics, physical fitness and living out the YMCA Character Development values of CARING, HONESTY, RESPECT and RESPONSIBILITY.

PART A

Name: (last) _____ (first) _____ (MI) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (cell) _____

School: _____ Grade: _____ Email: _____

Age: _____ Sex: _____ T-Shirt Size: S M L XL XXL

Emergency Contact Parent: _____ Phone #: _____

Emergency Contact Parent: _____ Phone #: _____

Parent Email Address: (1) _____ (2) _____

PART B

1) List any special training in addition to formal education (ex: CPR/First Aid certification, coaching or referee training, lifeguard training, etc...) you have:

2) What qualities do you have that you think will enhance the Teen Leaders' Club in some way?

3) If you could be like one person in this world, who would it be any why?

4) What sort of community service experience have you done in the past?

PART C

Include two reference letters with this application (application will not be considered without it). Preferably non-relatives (youth group leader, teacher, employer, coach, guidance counselor, etc.) Please ask the reference to return the reference letter to: Teen Leaders' Club, Floyd County Family YMCA, 33 State Street, New Albany IN or attach to application.

PART D

Please have parent/guardian fill out medical information, please.

MEDICAL INFORMATION

Allergies or intolerance to food, medication, etc: _____

If an allergic reaction occurs, please list steps to take to relieve reaction: _____

Chronic physical problems, pertinent developmental information, and any special accommodations needed:

*Does your child take medication or vitamins on doctor's orders? ____ If so, please specify: _____

*If center is to administer medications, previous contact must be made for proper procedures (An authorization form is available upon request and is required with medicine.)

Child's Physician (please print): _____ **Phone:** _____

EMERGENCY MEDICAL AUTHORIZATION

The parent(s)/guardian(s) authorize the Floyd County Family YMCA to obtain immediate medical care and gives consent to the hospitalization and the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

Please complete the following:

- 1) I/we will be responsible for payment of medical expenses
- 2) Medical treatment costs are covered by:

Insurance Company Name: _____ Policy/ID #: _____ Hospital or Clinic: _____

_____ Signature of Parent or Guardian	_____ Print Parent or Guardian Name	_____ Date
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EMERGENCY CONTACTS

Names, addresses and phone numbers of two local people to contact if Parent(s)/Guardian(s) cannot be reached:

1. Name: _____ Phone: _____ Address: _____ City/Zip: _____

2. Name: _____ Phone: _____ Address: _____ City/Zip: _____

Parent/Guardian Signature: _____ Phone #: _____

Print Name of Parent or Guardian: _____ Date: _____

PART E

PERMISSION SLIPS:

1. I hereby give my permission for the Floyd County Family YMCA to take photographs and videos of my child and use them in publicity if they so desire: _____ Yes _____ No
2. I hereby give my permission for the Floyd County Family YMCA Teen Leaders' Club Staff to email, text or call my child regarding Teen Leaders' Club information: _____ Yes _____ No
3. My child _____ has my permission to be transported by a YMCA vehicle or chartered bus service to participate in any YMCA Leaders' Club program activities and related trips where transportation may be provided by the Floyd County Family YMCA: _____ Yes _____ No

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian

PART F

COSTS TO THE PROGRAM:

1. Teen Leaders' Club participants will be responsible for paying their own way on selected field trips.
2. Should my child qualify to attend Blue Ridge Leaders' Club School in June following the school year, I understand that I will be responsible for payment of this week long school.
3. Teen Leaders' Club may do small fundraisers to help offset the cost of trips and events.

Signature of Parent or Guardian

Date

Print Name of Parent or Guardian