



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y LEADERS CLUB

Page 1 and 2 are to be filled out by the parent/guardian and submitted with payment at time of registration. Pages 3-6 are to be completed by the child and turned in to Julie at the Front Desk of the Bryan YMCA by October 10, 2011.

PARTICIPANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Gender: Male Female
Member or Non-Member: _____
Contact Email Address (required): _____
Important Medical Information: _____
Emergency Contact 1: _____ Phone #: _____
Emergency Contact 2: _____ Phone #: _____
T-Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

AUTHORIZED PICK UP LIST- For Participants Ages 12-15

Please list up to three individuals who are authorized to pick up your child after meetings and field trips. A photo-ID is required for all pick-ups. Children 16-18 may sign themselves out.

NAME: _____ RELATION: _____ PHONE: _____
NAME: _____ RELATION: _____ PHONE: _____
NAME: _____ RELATION: _____ PHONE: _____

FIELD TRIP PERMISSION(S):

I give permission for my child, _____ to be transported by YMCA Bus, Rental Car, or Walking to and from the following locations (including the Bryan Family YMCA) during the 2011 Fall Semester (October- December) while a participant with the Y Leaders Club:

North Carolina A&T State University First Friday Downtown Greensboro
Elsewhere Artist Collaborative Triad Lanes Bowling Center

*** Other trips are planned but details have not yet been determined. As soon as details have been specified an additional Field Trip Permission sheet will be sent out. ***

I understand that my child will be in the company of other Y Leaders participants and within sight of trained YMCA staff at all times while on field trips.

Signature of Parent or Legal Guardian: _____
Date: _____

(see over)

RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the "Release"). You individually and/or on behalf of any minor child, release the YMCA of Greensboro, Inc., its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). You agree that this Release is effective immediately. This is important to you and/or any minor children, so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:

1) GENERAL RELEASE: I hereby agree for myself and/or my child and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") in the program harmless from any and all claim and causes of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decide to allow myself and/or my child to engage. I further waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.

3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA. A) I take full responsibility for my and my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may befall you.

5) PHOTOGRAPHIC RELEASE: I consent my child to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole discretion.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

The YMCA is a Judeo-Christian based organization which embraces the values of caring, honesty, respect, and responsibility.

Our mission: To put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Today's Date: ____/____/____

Signature of Parent or Legal Guardian: _____



**FOR YOUTH DEVELOPMENT
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Bryan Family YMCA

Y Leaders Club Application

Contact Information

Full Name: _____

Birthday: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____

(best number to reach **you** at)

Parent/Guardian's Names:

1) _____

2) _____

Parent's Phone #'s:

1) _____

2) _____

About You- The Facts

Current Age: _____

Grade Fall 2011: _____

School: _____

Sex: Male

Female

About You- Your Likes

What are your hobbies?

Do you play any sports or have musical talent?

If you could have any job in the world- what would it be?

If you could be any animal what would you be and why?

If you could compare your life to a TV show, what show and why?

What types of projects would you be interested in doing?
(circle all that apply)

ANIMAL SHELTER

SPORTS

MISSION TRIPS

YARD/LANDSCAPING

BUILDING/CARPENTRY

COOKING/SERVING MEALS

ARTS/CRAFTS

TOPIC AWARENESS

WORKING WITH YOUNGER YOUTH

Brag About Yourself

Don't be shy, tell us about the awesome things you have done! If you haven't been involved a lot before, that's okay, we'll help you out once you join! ☺

List any prior leadership/volunteer experiences below:

Major Awards/Achievements School or Otherwise:

Extracurricular Activities Planned For 2011-2012 School Year:

Why Y?

Why do you want to be in Y Leaders?

What personal qualities do you possess that would enable you to be an effective leader?_____

What would being in Y Leaders mean to you?

References

Relative Reference (someone who is related to you)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relationship to you _____

Professional References (teacher, coach, Pastor, Youth Group Leader)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Occupation: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Occupation: _____

Waiver Of Rights Of Access To Confidentiality:

I hereby freely and voluntarily waive any rights I have to access information contained on the Y Leaders Reference Recommendation Form and agree that the statement shall remain confidential.

Y Leader's Member Signature

Date

Parent/Guardian Signature

Date