



YMCA Leader-In-Training Program:

This program is open to teens that have completed 6th grade and up. LITs will assist staff at the YMCA Discovery Camp with daily activities, planning, special events, and more. This program is a challenging, rewarding and fun experience for teens. It is a unique opportunity to shoulder responsibility, work with young children, and learn to be a leader.

LIT Program FAQs:

What training do LITs receive?

The LIT program has a strong emphasis on leadership training. Every day will bring new opportunities for learning and skill building.

- LITs will attend a mandatory training prior to the first day of camp that will cover the basic expectations
- LITs will participate in weekly activity planning discussions with the LIT Coordinator
- LITs will work as a team on special events/camp projects

Will there be any special events for LITs?

LITs will play a critical role in all of the special events that take place at camp, including theme days, talent show, camp carnivals, and morning assembly. The LIT program is intended to be as fun and exciting for its participants, as it is challenging and educational.

What should LITs bring to camp every day?

- Swim suit and towel
- Sneakers and appropriate footwear
- Bagged lunch and labeled water bottle
- Sunscreen
- Positive attitude & willingness to learn

What is a typical day for LITs?

LITs will spend approximately half of their day in their group working directly with campers. They will participate in their own trainings and activities apart from their camper group on a daily basis.

Registration Process:

- Submit application and 1 letter of reference (pgs. 2-3)
- Interview (if required)
- Submit completed registration form (pgs. 4-6)
- Attend mandatory training



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YMCA Discovery Camp LIT Application 2016

Name: _____ Grade Completed 2016: _____ Male Female

Phone: _____ Email: _____

1. Why are you interested in being an LIT? What makes you a good candidate for the program?

2. Have you ever attended a summer camp program? What was the best/worst thing about your experience?

3. Who is a positive role model in your life? Why?

By signing this application, you agree that you have answered all questions to the best of your ability and will comply with all YMCA policies and guidelines.

Signature: _____ Date: _____

I give my child permission to apply for the LIT Program at the YMCA Discovery Camp. Both my child and I have read the expectations and understand that prior to the start of camp my child will receive training regarding YMCA policies, procedures, and LIT expectations.

Parent Signature: _____ Date: _____



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YMCA Discovery Camp Leader in Training Reference Request

_____ has applied for the YMCA LIT Program and has
(Applicant Name)
given your name as a reference.

Have you observed the applicant in leadership situations? Please comment on those observations.

How would you describe the applicant's character, temperament, and maturity?

How would you describe his/her interaction skills with peers and adults?

Would you recommend the applicant to volunteer with children?

Signature: _____ Date: _____

Return reference to Kayla Smith at address listed below or ksmith@ymca-cnw.org.



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YMCA Discovery Camp LIT Registration 2016

Child's Name: _____ D.O.B: _____ Age: _____

Address: _____

Grade Completed 2016: _____ School: _____ Male Female

Family Information/Communication:

Parent/Guardian: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian: _____ Home Phone: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Do parents live together? No Yes (If no, with whom does the child reside?) _____

If parents are divorced/separated, are there restrictions on pickups or visitation?

No Yes - **court order attached**

Emergency Information & Release of Children: Emergency contacts may include neighbors, family friends, or relatives located within close proximity of the school. If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these people to pick up my child or answer questions.

(Must be different than parent/guardian)

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Ok to pick up my child

Ok to give emergency info

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Ok to pick up my child

Ok to give emergency info



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Medical Information/Permissions:

Child's Name: _____ **D.O.B:** _____

Date of last physical exam: _____

Include a copy of your child's last physical and immunizations

Are there any medical issues or allergies?

- No
 Yes

Include a copy of your child's allergy action plan/care plan

Are there any special learning/behavioral/emotional issues?

- No
 Yes, please use the space below or on the back to make us aware of any special circumstances or information about your child that will help us provide the best camp experience:

Yes, I certify that the information on this application is both true and accurate and I have not left out any information that would help the YMCA understand or work with my child.

Yes, I give permission for the YMCA of CNW to transport my child to/ from the summer camp program for swim lessons and / or field trips as applicable. I understand that the transportation will be appropriately supervised. I understand that the YMCA of CNW and its employees assume no liability in case of an accident outside of our authority.

Yes, the child named on this application is in good health and is able to fully participate in all activities offered at the YMCA programs. In an emergency, when either I or the emergency contacts listed cannot be reached, I hereby give permission for the YMCA to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the camp to provide needed care including any resuscitation efforts and transportation to an emergency room for care.

Yes, I give permission for the YMCA of CNW permission to use my child's photograph for public relations and/or marketing purposes.

Parent Signature: _____ **Date:** _____



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**Please consider donating to our Annual Campaign.
This tax deductible donation provides scholarships for families in our community.**

	Pre Camp 7:30-9:00	LIT Program	Post Camp 5:00-6:30	Bus (Pleasantville/ Somers)	Total
Week 1 6/27 to 7/1 Trip: Beardsley Zoo	\$35	\$175	\$35	\$70 / \$50	
Week 2 7/5 to 7/8 CLOSED 7/4	\$35	\$150	\$35	\$70 / \$50	
Week 3 7/11 to 7/15 Trip: Splash Down	\$35	\$175	\$35	\$70 / \$50	
Week 4 7/18 to 7/22 No Trip	\$35	\$175	\$35	\$70 / \$50	
Week 5 7/25 to 7/29 Trip: Ripley's NYC	\$35	\$175	\$35	\$70 / \$50	
Week 6 8/1 to 8/5 No Trip	\$35	\$175	\$35	\$70 / \$50	
Week 7 8/8 to 8/12 No Trip	\$35	\$175	\$35	\$70 / \$50	
Week 8 8/15 to 8/19 Trip: Quassy Park	\$35	\$175	\$35	\$70 / \$50	
				YMCA Membership	\$50
				Registration Fee	\$10
			*Annual Campaign Donation	*optional	\$
				Total Due	\$

Credit / Debit Card Authorization:

Master Card Visa American Express Discover

Name as it appears on card: _____

Card Number: _____ **Exp. Date:** _____

I hereby authorize the Community YMCA to charge my credit card for my child's camp tuition. Payment of \$_____ is to be charged upon receipt of this application. My processed credit card will serve as my receipt/confirmation.

Signature: _____ **Date:** _____