



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 Summer Program 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 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/projects

At the end of the summer LITs will also receive an assessment documenting their strengths and areas for improvement.

Will there be any special events for LITs?

LITs will play a critical role in all of the special events that take place this summer, including theme days, talent show, field trips, 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 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 the younger children. They will participate in their own trainings and activities apart from their 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)
- Include a copy of your child's last physical and immunizations
- Attend mandatory training



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YMCA Leader in Training Application

Name: _____ Grade Completed 2017: _____ 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 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 Summer Program. Both my child and I have read the expectations and understand that prior to the start of the summer my child will receive training regarding YMCA policies, procedures, and LIT expectations.



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Parent Signature: _____ Date: _____

YMCA 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 Chris Robilotta at address listed below or crobilotta@ymca-cnw.org.



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Community YMCA Summer Registration

New child Returning child Male Female

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

Address: _____

Grade completed June 2017: _____ **School child attends:** _____

Family Information & Communication

****Emails are used for emergency information, newsletters and program updates****

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Primary Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Primary Email: _____

Do parents live together? _____ **If no, with whom does the child reside?** _____

If parents are divorced/separated, please give specific instructions and a copy of court order concerning visits and pick-up by non-custodial parent as needed. Restrictions on pickups or visitation No Yes, attach court order.

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. These may not be parent/guardian.

Name: _____ Relationship: _____ Ok to pick up Emergency info

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Name: _____ Relationship: _____ Ok to pick up Emergency info

Primary Phone Contact: _____ home cell work

Secondary Phone Contact: _____ home cell work

Health Information *Copy of physical & immunizations required

Family physician & phone: _____

Date of last physical exam: _____

We are exempt from immunizations due to medical or religious reasons.

My child is on a delayed immunization schedule.

Check all that apply

ADD/ADHD Autism/ Asbergers Asthma Seizure Disorder

Heart Defect/Disease Diabetes Allergies _____

Other: _____ *operations or serious injuries; chronic or recurring illness; specific activities to be encouraged or limited by physician's advice or special needs (physical, mental or psychological) for staff awareness. Use back of form to describe as needed.

COMMUNITY YMCA

106 Titicus Road, North Salem NY 10560

P 914 276 2398 F 914 276 7683 www.community.ymca-cnw.org



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If your child has special health care needs (Allergies, Asthma included) – A doctor approved Written Medication Consent Form & Allergy Action Plan is needed. Children cannot attend program until these are returned with medication. *These forms can be found at <http://community.ymca-cnw.org/about/forms/>

Child Information

Has your child attended any other programs? No Yes
If yes, please specify: _____

Does your child have a special diet? No Yes
If yes, please specify: _____

Any known learning/behavioral/emotional issues? No Yes
If yes, please specify: _____

Any known nervous habits or fears? No Yes
If yes, please specify: _____

Names and ages of all siblings and where they go to school.

To help us provide the best possible experience please feel free to give a brief description of your child & include any concerns. Use additional paper as needed.

How were you referred to the Y? _____

- 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 Y understand or work with my child.
- YES**, my child is in good health and is able to fully participate in all activities offered at the Y programs. In an emergency I hereby give permission for the Y to take any action deemed necessary for the best interests of my child. I also give permission for any medical personnel selected by the Y to provide needed care including any resuscitation efforts and transportation to a hospital for care.
- YES**, I am aware the Parent Handbook can be found online at www.community.ymca-cnw.org. This handbook includes all Y procedures and policies. I understand it is my responsibility to read the handbook and this entire application and I agree to abide by all terms and regulations.
- YES**, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.
- YES**, I agree to waive/relinquish all claims and will hold the Y & any officers, agents, employees, or representatives harmless from any and all claims which may arise from my child's participation in any activities of the Y.
- YES**, I give permission for the Y to transport my child for field trips (as applicable) with advanced notice. I understand that the transportation will be appropriately supervised. I understand that the Y and its employees assume no liability in case of an accident outside of their authority.



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Parent Signature: _____ Date: _____

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

	Pre Care 7:30-9:00	Full Day Program 9:00 – 5:00	Post Care 5:00-6:30	Total
Week 1: 6/26-6/30 Maritime Aquarium	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 2: 7/3-7/7 CLOSED JULY 4th	<input type="checkbox"/> \$35	<input type="checkbox"/> \$160	<input type="checkbox"/> \$35	
Week 3: 7/10-7/14	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 4: 7/17-7/21 Beardsley Zoo	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 5: 7/24-7/28 NY Hall of Science	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 6: 7/31-8/4 Greenburgh Nature	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 7: 8/7-8/11	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Week 8: 8/14-8/18 Quassy Park	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
Bus Schedule <input type="checkbox"/> Bedford Rd School 8:15am pickup 5:45pm drop off <input type="checkbox"/> Somers Intermediate School 8:45am pickup 5:15pm drop off	<input type="checkbox"/> Bus \$70 per week (Pville) <input type="checkbox"/> Bus \$50 per week (Somers)	<input type="checkbox"/> AM Bus TO PQ \$35 per week (Pville) <input type="checkbox"/> AM Bus TO PQ \$25 per week (Somers)	<input type="checkbox"/> PM Bus FROM PQ \$35 per week (Pville) <input type="checkbox"/> PM Bus FROM PQ \$25 per week (Somers)	

Cancellation Policy

- The membership and registration fees are non-refundable.
- There is a \$50 cancellation fee.
- There are **no refunds** for cancellations that occur less than 1 week in advance from scheduled session.
- Refunds cannot be granted for absence due to illness or injury.
- Membership, registration fee & deposit of 25% of total due at registration, balance due by June 1st.

Registration Fee	\$10
Membership Fee	\$50
Gift to Annual Campaign	\$
Total	\$

Credit /Debit Card Authorization:

Credit/Debit Card

Name as it appears on card: _____ Zip Code: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____