



### **YMCA Leader-In-Training Program (Returning LITs):**

Thank you for your interest in returning for another fun summer at the Community YMCA Leader-In-Training program. It is important to understand that being a LIT is a responsibility. Read over the items listed below with your family before you commit to another summer as an LIT. Be sure that you are willing and prepared to meet the challenges presented by this position.

### **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/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 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 completed registration form (pgs. 2-4)
- Include a copy of your child's last physical and immunizations
- Attend mandatory training



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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.

**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/>**

COMMUNITY YMCA

106 Titicus Road, North Salem NY 10560

P 914 276 2398 F 914 276 7683 [www.community.ymca-cnw.org](http://www.community.ymca-cnw.org)



**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](http://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.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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

	<b>Pre Care</b> 7:30-9:00	<b>Full Day Program</b> 9:00 – 5:00	<b>Post Care</b> 5:00-6:30	<b>Total</b>
<b>Week 1:</b> 6/26-6/30 Maritime Aquarium	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 2:</b> 7/3-7/7 CLOSED JULY 4th	<input type="checkbox"/> \$35	<input type="checkbox"/> \$160	<input type="checkbox"/> \$35	
<b>Week 3:</b> 7/10-7/14	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 4:</b> 7/17-7/21 Beardsley Zoo	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 5:</b> 7/24-7/28 NY Hall of Science	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 6:</b> 7/31-8/4 Greenburgh Nature	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 7:</b> 8/7-8/11	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Week 8:</b> 8/14-8/18 Quassy Park	<input type="checkbox"/> \$35	<input type="checkbox"/> \$200	<input type="checkbox"/> \$35	
<b>Bus Schedule</b> <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 <b>TO</b> PQ \$35 per week (Pville)  <input type="checkbox"/> AM Bus <b>TO</b> PQ \$25 per week (Somers)	<input type="checkbox"/> PM Bus <b>FROM</b> PQ \$35 per week (Pville)  <input type="checkbox"/> PM Bus <b>FROM</b> PQ \$25 per week (Somers)	
<b>Cancellation Policy</b>				<b>Registration Fee</b>
<ul style="list-style-type: none"> <li>The membership and registration fees are non-refundable.</li> <li>There is a \$50 cancellation fee.</li> <li>There are <b>no refunds</b> for cancellations that occur less than 1 week in advance from scheduled session.</li> <li>Refunds cannot be granted for absence due to illness or injury.</li> <li>Membership, registration fee &amp; deposit of 25% of total due at registration, balance due by June 1st.</li> </ul>				<b>\$10</b>
				<b>Membership Fee</b>
				<b>\$50</b>
				<b>Gift to Annual Campaign</b>
				<b>\$</b>
				<b>Total</b>
				<b>\$</b>

**Credit /Debit Card Authorization:**

Credit/Debit Card

Name as it appears on card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_