

**SENIOR DIVISION & CLUB ADVISOR ENROLLMENT FORM**

**2018 YMCA BLUE RIDGE LEADERS’ SCHOOL**

**FORMS MAY BE TYPED OR HANDWRITTEN**

**Please check: Club Advisor (only one per Club) Senior (limit one per fifteen leaders ratio)**

***(will be enrolled in Senior Division)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: | Age (as of May 31): | | | | Female Male |
| T-Shirt Size: S M L XL XXL | | | | | |
| Name: | | | | Cell Phone: | |
| Street Address: | | | | | |
| City: | | State: | | | Zip: |
| Email: | | | | | |
| YMCA Name: | | | YMCA Phone: | | |
| YMCA Supervisor’s Name: | | | Supervisor’s Cell Phone: | | |
| This is my  year at Blue Ridge Leaders' School | | | This is my  year in the Senior Division | | |
| Any physical conditions, injury or illness that will impact your involvement at BRLS? Yes No If yes, please explain: | | | | | |
| Are you under any medication? (list): | | | | | |
| Dietary Restrictions? (list): | | | | | |
| Allergies? (list): | | | | | |

***NOTE: BOTH SIGNATURES BELOW (\*) ARE REQUIRED TO PROCESS THIS ENROLLMENT.***

In consideration of the acceptance of this enrollment I hereby waive, release and forever discharge YMCA Blue Ridge Leaders’ School, YMCA Blue Ridge Assembly, the YMCA and their respective staff members, employees and representatives from any and all claims, liabilities, damages and/or related expenses resulting from or related to my participation in Leaders’ School activities. I understand that YMCA Blue Ridge Leaders’ School does not carry accident insurance on the participants. I agree that YMCA Blue Ridge Leaders’ School may photograph or videotape me and may use those photographs and videotapes for its marketing purposes and I release YMCA Blue Ridge Leaders’ School from any claim or liability related to that use and waive all claims for myself, my heirs and assignees against YMCA Blue Ridge Leaders’ School.

**\*Enrollee’s Signature Date**

I attest that the enrollee named above is active in our Physical Education and/or Leaders’ Club program. I assume all responsibility for the conduct and actions of this individual as a representative of his/her YMCA.

**\*YMCA Executive Director’s Signature Date**

**\* \* \* \* \* \* \* \* YMCA Blue Ridge Office Use Only \* \* \* \* \* \* \* \* \***

Date Received Amount Paid $ Amount Due $ Room #

|  |  |
| --- | --- |
| Name: | Seniors’ Division Enrollment Form-Page 2 |

**Senior Skills Survey**

**Leaders’ Division Classes I have skills to assist in:** Check the classes you have skills in and would like to assist with while attending BRLS. If selected, you will be notified prior to the school.

|  |  |  |
| --- | --- | --- |
| CLASSES | CLINICS | DESCRIBE YOUR SKILL/EXPERIENCE |
| Adv. Character Development  Aquatics I/II  Basic Games  Basketball  Biomechanics  Character Development  Cross Training  Feeling Great  Flag Football  Frisbee Golf  Group Exercise  Gymnastics  HEPA  Jump Rope  Junior Lifeguard  Kids in Motion  Lacrosse  Science of Fitness I  Science of Fitness II  Soccer  Strength Training  Tennis  Ultimate Frisbee  Volleyball I/II  Wiffle Ball | Aquatics \*  Backyard Games  Basketball \*  Cheerleading/Tumbling  Cycling/Circuit Training  Dance Blast  Dancing w/the Stars  Dodgeball  Eco Challenge  Field Hockey  Flag Football  Frisbee Golf  Group Ex/WOD  Gymnastics\*  Hiking  Jump Rope  Junior Lifeguard  Media/Website  Outdoor Adventure  Power Yoga  Quidditch  Soccer \*  Step Team  Tennis \*  Triathloning  Ultimate Frisbee  Volleyball \*  Water Sports  Zumba |  |

\* Progressive skills recognition available.

**Mail all delegation registrations to: Brianne Pietronicco, Blue Ridge Leaders’ School, P.O. Box 989 Lake Villa, IL 60046.**