

**LEADERS’ DIVISION ENROLLMENT FORM**

**2018 YMCA BLUE RIDGE LEADERS’ SCHOOL**

**FORMS MAY BE TYPED OR HANDWRITTEN**

**Complete fields below, print and copy pages 1 & 2 onto single page front/back**

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| --- | --- | --- | --- | --- | --- |
| Date of Birth: | Age (as of May 31): | | | | Female Male |
| T-Shirt Size: Youth Large S M L XL XXL | | | This is my year at Blue Ridge Leaders' School. | | |
| Name: | | | | Home phone + area code: | |
| Best number to call in case of emergency (+ area code): | | | | | |
| Email: | | | | | |
| Street Address: | | | | | |
| City: | | State: | | | Zip: |
| YMCA Name: | | | | | |

**HEALTH INFORMATION – Parents please answer carefully and completely.**

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| --- |
| General Health: Fair Good Excellent |
| Ongoing Medical Conditions: Please describe or list “NONE”: |
| ANY Allergies? Yes No If yes, please describe: |
| Describe reaction: |
| Epi pen needed and carried with the Leader? Yes No |
| Your club advisor **must be made aware** of all prescribed medications taken by your child.  I am aware of this requirement. **Parents, please initial**: |
| Medications? Yes No If yes, please list: |
| Any Dietary Restrictions:Yes No If yes, please list: |
| Any other physical condition, disability, injury or illness that will impact the Leader’s full involvement at BRLS? Yes No If yes, please explain: |

**I acknowledge that my club advisor and I have set goals for my performance and**

**that I am striving to reach them. Yes No**

**ALL THREE SIGNATURES BELOW (\*) ARE REQUIRED TO PROCESS THIS ENROLLMENT.**

By signing below I attest that I have met all of the requirements necessary to attend Blue Ridge Leaders’ School. I agree to abide by the rules and policies of the School and conduct myself as an exemplary representative of my YMCA.

**\*Enrollee’s Signature**   **Date**

By signing below I attest that I am the parent/legal guardian of the minor named above and do hereby grant consent for my son/daughter named above to participate in the activities of YMCA Blue Ridge Leaders’ School on the campus of YMCA Blue Ridge Assembly. 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 the minor named above 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.

I, for myself, the enrollee and successors, 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 expenses resulting from or related to said minor’s participation in Leaders’ School activities including medical treatment and transportation. I approve this enrollment and authorize medical treatment if necessary.

**\*Parent/Legal Guardian’s Signature**  **Date**

I attest that the enrollee named above has met the requirements necessary to attend Blue Ridge Leaders’ School. 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**

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

$ $

Date Received Amount Paid $ Amount Due $ Room # Group #

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

**Course Requirements (Leaders’ Division Only - Per Year of Attendance)**

**1st Year:** Basic Leadership; Science of Fitness I; Aquatics; Feeling Great; Character Development; Evening Clinic.

**2nd Year:** Leadership (by age); Science of Fitness II; Kids in Motion; Basic Games, Sports Elective; Evening Clinic.

**3rd Year:** Leadership (by age); Biomechanics; Officiating Youth Sports or Junior Lifeguard; HEPA; Program Elective OR Sports Elective; Evening Clinic.

**4th Year:** Leadership (by age); Wellness Concepts I, Advanced Character Development; Program Elective; Sports Elective; Evening Clinic

**5th Year:** Leadership (by age); Image 101; Health Elective; Advanced Character Development; Sports Elective; Evening Clinic.

**6th Year:** Leadership 18, Sixth Year Summit; Experiential Learning (two periods); Program OR Sports Elective; Evening Clinic.

**NOTE:**1. Beginning with their second year, all Leaders will enroll in a Leadership class according to their age.

1. Sports Elective - must choose from Basketball, Jump Rope, Soccer, Volleyball, Flag Football, Aquatics II, Ultimate Frisbee, Lacrosse, Gymnastics, Frisbee Golf, Volleyball II, Tennis, Wiffle Ball, or Coaching.
2. Health Elective – must choose from Cross Training, Group Exercise or Wellness Concepts II.
3. Program Elective – Character Education, Strength Training, Junior Lifeguard (including clinic), Working with Preschoolers, Working with 5-12 year olds, Working with Special Populations or Coaching.

### **Leaders’ Division Class Schedule:** Check the classes desired (five classes and one clinic) as to the requirements per year of your attendance. ONLY ONE CLASS PER PERIOD.

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| --- | --- | --- | --- | --- | --- |
| **1st Period**  **9:15 - 10:20 am** | **2nd Period**  **10:35 - 11:40 am** | **3rd Period**  **1:30 - 2:35 pm** | **4th Period**  **2:50 - 3:55 pm** | **5th Period**  **4:10 - 5:15 pm** | **Evening Clinic**  **7:15 - 8:30 pm** |
| Aquatics  Basic Games  Basic Leadership  Biomechanics  Character Development  Coaching  Feeling Great  Flag Football  Frisbee Golf  HEPA  Image 101  Kids in Motion  Leadership 14  Leadership 15  Leadership 16  Leadership 17  Leadership 18  Officiating Sports  Science of Fitness I  Science of Fitness II  Tennis  Ultimate Frisbee  Volleyball  Wellness Concepts I | Adv. Character Development  Aquatics  Basic Games  Basic Leadership  Basketball  Biomechanics  Character Development  Character Education  Coaching  Feeling Great  Gymnastics  HEPA  Image 101  Kids In Motion  Leadership 14  Leadership 15  Leadership 16  Leadership 17  Leadership 18  Officiating Sports  Science of Fitness I  Science of Fitness II  Soccer  Ultimate Frisbee  Wellness Concepts I | Aquatics  Aquatics II  Basic Games  Basic Leadership  Basketball  Biomechanics  Character Development  Character Education  Coaching  Experiential Learning  Feeling Great  Frisbee Golf  Group Exercise  Gymnastics  Image 101  Jump Rope  Kids in Motion  Leadership 14  Leadership 15  Leadership 16  Leadership 17  Officiating Sports  Science of Fitness I  Science of Fitness II  Strength Training  Tennis  Ultimate Frisbee  Volleyball  Wkg w/5-12 Yr Olds | Adv. Character Development  Aquatics  Aquatics II  Basic Games  Basic Leadership  Biomechanics  Character Development  Character Education  Coaching  Cross Training  Experiential Learning  Feeling Great  Flag Football  HEPA  Kids in Motion  Leadership 15  Leadership 16  Leadership 17  Officiating Sports  Science of Fitness I  Science of Fitness II  Soccer  Strength Training  Volleyball  Volleyball II  Wellness Concepts II  Wiffle Ball  Wkg w/ Preschool  Wkg w/Sp Populations | Adv. Character Development  Aquatics  Basic Games  Basic Leadership  Biomechanics  Character Development  Character Education  Cross Training  Feeling Great  Flag Football  HEPA  Junior Lifeguard  Kids in Motion  Lacrosse  Leadership 15  Leadership 16  Science of Fitness I  Science of Fitness II  Sixth Year Summit  Strength Training  Volleyball  Volleyball II  Wellness Concepts I  Wiffle Ball  Wkg w/Sp Populations  Working w/Preschool | Aquatics \*  Backyard Games  Basketball \*  Cheerleading/Tumbling  Cycling/Circuit Training  Dance Blast  Dancing w/the Stars  Dodgeball  Eco Challenge  Field Hockey  Flag Football  Frisbee Golf  Gymnastics\*  Group Ex / WOD  Hiking  Jump Rope  Junior Lifeguard  Outdoor Adventure  Media/Website  Power Yoga  Quidditch  Soccer \*  StepTeam  Tennis \*  Triathloning  Ultimate Frisbee  Volleyball \*  Water Sports  Zumba |

\* Progressive skills recognition available.

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| **4th year only -** If my chosen “**program** elective” is full, I would like (complete all three): | | |
| 1. | ***Or*** 2. | ***Or*** 3. |
| **5th year only -** If my chosen “**Health** elective” is full, I would like (complete both): | | |
| 1. | ***Or*** 2. |
| **2nd, 4th & 5th year only -** If my chosen “**sports** elective” is full, I would like (complete all three): | | |
| 1. | ***Or*** 2. | ***Or*** 3. |
| **3rd & 6th year only -** If my chosen “**program or sports** elective” is full, I would like (complete all three): | | |
| 1. | ***Or*** 2. | ***Or*** 3. |
| If my chosen “**clinic**” is full I would like (complete all three): | | |
| 1. | ***Or*** 2. | ***Or*** 3. |

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