

**ENROLLMENT CHECKLIST**

**2018 YMCA BLUE RIDGE LEADERS’ SCHOOL**

ONLY TYPED FORMS WILL BE ACCEPTED - Type into fields below and print

|  |  |
| --- | --- |
| YMCA Branch:       | YMCA Phone:       |
| Executive Director’s Name:      | Executive Director’s Cell Number:       |
| Executive Director’s Email Address:       |
| YMCA Address:       | City:       | State:    | Zip:       |
| Name of YMCA Staff Responsible for Program:       |
| Email Address of YMCA Staff Responsible for Program:       | Phone:       |
| Club Advisor’s Name(If different from above):       |
| Club Advisor’s Email Address:       | Cell Phone:       |

The Club Advisor must “check off” each of the following items, sign and return this form with the enrollment forms. The YMCA Executive Director must also sign this form attesting that he/she is personally acknowledging that all enrollees have met the attendance requirements.

[ ]  I understand Blue Ridge Leaders’ School is part of an ongoing “at home” Leaders’ Club program, rather than the only experience.

[ ]  I understand Blue Ridge Leaders’ School is a “School” with high standards that are non-negotiable.

[ ]  I understand due to the high standards of Blue Ridge Leaders’ School, all Leaders may not achieve the performance requirements of the school.

[ ]  I understand I, as Club Advisor attending the school, will be held accountable for the delegation and should follow the actions of the Leaders closely.

[ ]  I have selected the Leaders who will represent this YMCA and attest that all Leader Division enrollees have fully met the enrollment requirements.

[ ]  **I understand all Leader Division enrollees will participate in a personal Healthy Living assessment. I, as the club Advisor, am responsible for working with the leaders to help them take ownership and strive for their own fitness goals.**

[ ]  I have assisted each Leader with his/her enrollment and class schedule to insure that all course selections are correct according to the year of attendance. Furthermore, I have reviewed each enrollment form to insure that every item is complete, correct, legible and that all required signatures are included.

[ ]  I have mailed the deposit check ($150 deposit for each enrollee and the $100 Delegation Fee) payable to Blue Ridge Leaders’ School. I understand that the balance of all fees is due no later than June 1.

[ ]  I understand that if any member of this delegation has a special need and/or concern which may effect his/her participation, it is my duty as Club Advisor to notify the School Director in advance of the school.

[ ]  I understandthat I, as Club Advisor, am required to maintain a written list of medications and oversee the administering of all medications to the Leaders in my delegation.

[ ]  I understand Blue Ridge Leaders’ School does not carry accident insurance for the participants and I have verified that the Leader is insured by a valid policy.

**♦By signing below I attest all of the information referenced on this form is complete and correct.**

|  |  |  |
| --- | --- | --- |
| Club Advisor’s Signature: | Print Name:  | Date:  |

**♦By signing below I attest the individuals representing this club have fully met the attendance & fitness requirements.**

|  |  |  |
| --- | --- | --- |
| Executive Director Signature: | Print Name:  | Date:  |

**REMEMBER: This form must be complete, signed and enclosed with the enrollment forms. Failure to do so will delay the registration process for the entire delegation.**