



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

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## **SUMMIT AREA YMCA LEADER-IN-TRAINING APPLICATION**

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### **YOUR APPLICATION MUST INCLUDE:**

- 1. Registration Form
- 2. Signed LIT pledge
- 3. Camper Health History Form

Our teen leadership camp is designed for mature and enthusiastic teens who are interested in developing skills and working with children. In addition, LITs make friends and experience camp from a new perspective, as many of our LITs become camp counselors subsequently.

All sections of the application must be completed and returned at one time. Once you have submitted a completed packet and paid the deposit you will be contacted by the Camp Director.

- Camp policy requires all LIT's to have had a physical within the past 12 months and provide a current medical form before attending camp.
- Smoking or the consumption of alcoholic beverages is not allowed; any LIT found involved in these activities during camp will result in immediate dismissal from the program. Refunds will not be given for a LIT dismissed for disciplinary reasons.
- Completion of the LIT Program does not guarantee a staff position.
- Cell phones are strictly prohibited at camp. Texting and using cell phones while supervising children can be compared to texting and driving and is very dangerous and unacceptable.
- LIT applications must be completed and returned to the Camp Director at the Summit Area YMCA, 67 Maple St, Summit, NJ by May 1 or you may submit it to Julie Wagenblast at [julie.wagenblast@thesay.org](mailto:julie.wagenblast@thesay.org)

**Being involved with our day camp program is a privilege and a serious obligation. Not only will you take control of your own experience, but also that of children and campers with whom you interact. You are expected to live up to the expectations of the program, which are as follows:**

- Take responsibility for your own actions and learning as well as those of your assigned group.
- Present yourself as a role model for children at all times.
- Approach each day with fresh energy and view challenges as learning opportunities.
- Respect each member of the Summit Area YMCA community, staff, campers, and fellow LIT's.
- Take your position as a LIT at the Summit Area YMCA seriously and perform to the best of your ability.

I state that the information on this application is true, complete and correct.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

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The Summit Area YMCA is one of the area's leading charitable 501(c)3 organizations. Our programs and services are open to all through our financial assistance programs made possible through the generosity of our members, donors and partners. To help us help others, make your tax-deductible donation today at [www.theSAY.org](http://www.theSAY.org)

# 1. REGISTRATION FORM

NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS \_\_\_\_\_  
(NUMBER AND STREET)

(CITY, STATE, ZIP CODE)

HOME PHONE \_\_\_\_\_ GRADE NEXT FALL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

EMERGENCY NOTIFICATION \_\_\_\_\_  
(NAME AND RELATIONSHIP)

HOME PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_ WORK PHONE \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE LIST THREE REFERENCES: (1 relative, 2 non relatives). Please have each of the references listed above complete the attached Reference Questionnaire and return it to the YMCA with your application. Without the references your application will be considered incomplete.

NAME	ADDRESS	PHONE

PLEASE LIST ANY CAMP EXPERIENCE YOU MAY HAVE (List your most recent experience first).

CAMP	YEAR	EXPERIENCE

As an LIT, the following are some everyday camp activities you could be involved with. Please put a "1" next to any that you can assist in teaching. Put a "2" next to any that you are interested in learning about.

## EVERYDAY CAMP ACTIVITIES

- \_\_\_\_\_ Arts & Crafts (painting, art projects, jewelry, etc...)
- \_\_\_\_\_ Nature (hiking, nature crafts, environmental awareness, etc...)
- \_\_\_\_\_ Performing Arts (acting, singing, dancing, etc ...)
- \_\_\_\_\_ Field Games (soccer, kickball, softball, etc ...)
- \_\_\_\_\_ Other, please list: \_\_\_\_\_

Which **age group** would you prefer to work with? Please rank them in order. (1 being your first choice)

- \_\_\_\_\_ 3-4 yrs. old (Pre-K)
- \_\_\_\_\_ 4-5 yrs. old (Explorers)
- \_\_\_\_\_ 4th - 5th Grades (Pathfinders)
- \_\_\_\_\_ K- 1st (Pioneers)
- \_\_\_\_\_ 2nd - 3rd Grades (Trailblazers)
- \_\_\_\_\_ Sports Camp (\_\_\_\_\_)

## CERTIFICATIONS

Please check any certifications you currently hold and the certification expiration date:

- \_\_\_\_\_ Stand. 1st Aid \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ Adv. 1st Aid \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ CPR \_\_\_\_/\_\_\_\_/\_\_\_\_
- \_\_\_\_\_ Others \_\_\_\_\_



# CAMPER HEALTH HISTORY INFORMATION FORM (B)

This section is required for your camper's care and is mandated by the State of NJ and the ACA to be completed in full.

- May participate in all activities (see the program guide for the full list)
- My child is allergic to: \_\_\_\_\_
- Please restrict from these activities: \_\_\_\_\_

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

Please describe any past medical treatment that this camper has received:

Dietary restrictions? Please list: \_\_\_\_\_

Medications? Please list: \_\_\_\_\_

If medications need to be taken during the day you must complete a Medication Authorization Form and submit to the camp office.

## CAMPER IMMUNIZATIONS

No child will be allowed at camp without immunization records on file prior to the start of camp. Please have your doctor's office fax records within 2 weeks for immunizations.

## MEMBERSHIP IS REQUIRED FOR CAMP ENROLLMENT

- \$ \_\_\_\_\_ YOUTH MEMBERSHIP OF \$100  
(Membership must be active and valid through all camp sessions)
- \$ \_\_\_\_\_ TEEN CAMP MEMBERSHIP OF \$125 OR  
ALL-IN ONE MONTHLY TEEN MEMBERSHIP OF \$35  
(Signed membership agreement required. All-in One allows access to both Summit YMCA and Berkeley Heights YMCA)
- \$ \_\_\_\_\_ TOTAL CAMP FEES
- \$ \_\_\_\_\_ EXTENDED CARE FEES
- \$ \_\_\_\_\_ TOTAL FEES PAID AT THIS TIME
- \$ \_\_\_\_\_ BALANCE DUE

### PAYMENT METHOD

I have enclosed a check for \$ \_\_\_\_\_

Credit / Debit Card (circle one)

- VISA
- AMEX
- MasterCard

Name on Card \_\_\_\_\_

Last 4 digit # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

By providing my signature below I authorize the Summit Area YMCA to charge my credit card on the following dates:

- May 15, 2016, for weeks A, 1, 2, 3
- June 16, 2016, for weeks 4, 5, 6
- July 15, 2016, for weeks 7, 8, 9, B

Sign \_\_\_\_\_ Date \_\_\_\_\_

### REGISTRATION RELEASE

I am aware of all camp activities (camp brochure/website) and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in camp activities including field trips and swimming. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA camps from liability for any harm that befalls my child as a result of participation in YMCA camp. I consent that photographs and video taken of him or her are the property of the Summit Area YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services of a doctor if necessary. I understand that medical information and personal data will be used only in camp, when necessary, to protect a child's well being. I agree to adhere to all camp policies listed in this brochure and in the Parent Handbook. I understand that participant's membership must remain current during all sessions attended. By signing below I agree to pay the balance of the camp fees in full on or before the payment dates of May 15, 2016, June 16, 2016, and July 15, 2016. Payments made after the above due dates will be subject to \$25 late fee per child.

Registration not valid without signature and will be returned to sender.

By signing below I acknowledge and accept the above stated release and Summit Area YMCA camp policies.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## BERKELEY HEIGHTS YMCA

A branch of the Summit Area YMCA.

550 Springfield Avenue | (P) 908 464 8373  
Berkeley Heights, NJ 07922 | (F) 908 508 1059

## SUMMIT YMCA

A branch of the Summit Area YMCA.

67 Maple Street | (P) 908 273 3330  
Summit, NJ 07901 | (F) 908 273 0258

## THE LEARNING CIRCLE YMCA

A branch of the Summit Area YMCA.

95 Morris Avenue | (P) 908 273 7040  
Summit, NJ 07901 | (F) 908 273 5670

www.theSAY.org | f summitarea.ymca | t @summitareaymca | i @summitareaymca

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