



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BUILDING BETTER LEADERS



LEADERS IN TRAINING 2018 RON ROSNER FAMILY YMCA

The Leaders In Training (LIT) Program is a special opportunity for 13-15 year olds to learn the skills needed to work with children in a YMCA camp setting. Participants meet for 1-week sessions and are mentored by camp counselors. LIT's also assist in providing activities to campers in a safe and well-supervised environment. Unlike counselors, however, LIT's are always supervised by staff when working with campers.

Time is also put aside for LIT's to learn and practice new leadership skills, and in-service trainings will be held during the session. These trainings are mandatory; attendance and participation will be required. Trainings will cover concerns that LIT's encounter in camp life, including discipline and group control, safety and awareness, being a role model, and creative planning. Evaluations occur at the end of each session. Further participation in the program and a future counselor position are based on the evaluations.

L.I.T. Responsibilities

Participants in the L.I.T. program work under the same ground rules as all staff members, such as the following:

- They arrive in camp at least 15 minutes before camp starts to sign in, and they sign out at the end of the day
- They provide meaningful assistance while they are in camp
- They are well-groomed
- They act in line with YMCA ethics, values, and standards
- They use only appropriate language or gestures
- They do not criticize the camp, campers, or staff openly, but share constructive criticism during evaluation sessions with staff, and follow the proper chain of command
- They always treat children well
- They refrain from having personal visits or making personal phone calls during camp hours

Please note, however, that registration in the program is on an application basis only. Once your application and references are reviewed, you may be called for an interview. Registration materials will be forwarded only upon acceptance into the program. Unfortunately not all applicants are accepted. Prior experience in the LIT program does not guarantee a place in this summer's program.



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YMCA SUMMER CAMP 2018 LEADERS IN TRAINING (L.I.T.) APPLICATION

| | | |
|---|------------|-------------------|
| Name | Birthdate | Male or Female |
| Street Address | City/State | Zip |
| Phone | School | Grade (2016-2017) |
| Have you participated in the YMCA L.I.T. Program before? Yes No | | |
| If yes, when and where? | | |
| Have you ever worked with children before (volunteer or paid opportunities)? Yes No | | |
| If yes, please state where and when. | | |
| Please indicate any hobbies, special interests, or training you have received: | | |

To be filled out by the L.I.T. applicant:

Tell us about yourself. Include any accomplishments, goals, strengths, jobs you have held, etc:

On a separate sheet of paper, write a short essay describing the following:

- Your interest in this program
- Why you wish to become and L.I.T.
- What you hope to achieve and learn form the L.I.T. program
- 2 of your strengths
- 2 weaknesses you possess

Please submit this form, your essay, and the 2 reference sheets no later than May 25, 2018 to:

Melissa Graham, Youth and Camp Director
Ron Rosner Family YMCA of Spotsylvania County
5700 Smith Station Road
Fredericksburg, Virginia 22407



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LEADERS IN TRAINING (L.I.T.) APPLICATION SUMMER 2018

The YMCA Leaders In Training (L.I.T.) Program is a leadership program that prepares teens to become counselors in a YMCA camp setting. The program creates an opportunity for high school students to develop leadership and job skills. Please share with us any qualities and characteristics that the applicant possesses which would make him/her an ideal candidate for this program.

Please note: References must be obtained from adults not related to the applicant.

Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____ Phone Number: _____

Reference Form #1

Please return this form by May 25, 2018 to the attention of Melissa Graham Youth & Camp Director, Rosner Family YMCA, 5700 Smith Station Road, Fredericksburg, Virginia, 22407.



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LEADERS IN TRAINING (L.I.T.) APPLICATION SUMMER 2018

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Name of Applicant: _____

Name of Reference: _____

Relationship to Applicant: _____ Phone Number: _____

Reference Form #2

Please return this form by May 25, 2017 to the attention of Melissa Graham Youth & Camp Director, Rosner Family YMCA, 5700 Smith Station Road, Fredericksburg, Virginia, 22407.



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YMCA SUMMER CAMP 2018 LEADERS IN TRAINING (L.I.T.) ENROLLMENT FORM

To be filled out by the parent/guardian:

| L.I.T. Information | | Birthdate |
|--|------------|--------------------|
| Last Name | First Name | Middle Initial |
| Nickname | Home Phone | Male or Female |
| Street Address | City/State | Zip |
| Email Address | School | Grade (2017- 2018) |
| T-Shirt Size (circle one): Youth Medium Youth Large Adult Small Adult Medium Adult Large Adult X-Large | | |

| Parent / Guardian Information | | |
|--------------------------------------|-------------------|----------------|
| Father's Name | Father's Employer | Business Phone |
| Street Address | City/State | Zip |
| Email Address | Home Phone | Cell Phone |
| | | |
| Mother's Name | Mother's Employer | Business Phone |
| Street Address | City/State | Zip |
| Email Address | Home Phone | Cell Phone |

| FOR OFFICE USE ONLY | | Staff Initials _____ |
|----------------------------|--|----------------------|
| Birth Certificate _____ | Registration Fee and Deposits: | |
| Physical _____ | Registration Fee \$25 (Now-4/30) _____ | |
| Shot Record _____ | Late Registration \$50 (5/1-end of camp) _____ | |
| Date _____ | Deposit of \$10 per session _____ | |
| Time _____ | | |





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SPACES NEED TO BE COMPLETED IN THEIR ENTIRETY. N/A IF NOT APPLICABLE.

| Emergency Contacts | | |
|---|-----------------------|-------|
| In case of emergency and parents cannot be reached, please contact: (We require <u>two</u> different contacts other than the information listed for parents. They must have different addresses.) *Relationship to child = grandparent/neighbor/family friend/etc. | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |
| | | |
| Name | Relationship to Child | Phone |
| Street Address | City/State | Zip |

Authorized Pick-Up

Who is authorized to pick up your child from camp? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to the teacher.

| Child Health Information | | |
|--|------------------|-------------------|
| Child Name | Physician's Name | Physician's Phone |
| List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation: | | |
| List chronic physical problems and pertinent developmental information and any special accommodations needed: | | |

In case of serious injury or illness, if the YMCA is unable to reach me or the designated person(s), I authorize the YMCA to call the above named physician. If the physician cannot be reached, the YMCA may make whatever arrangements deemed necessary to secure the safety and health of my child.

Parent/Guardian Signature: _____ Date: _____



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Emergency Authorization

The parent(s)/guardian(s) authorize the YMCA to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/ she cannot be located immediately. It is also understood that this agreement covers only those situations, which are true emergencies, and only when he/she cannot be reached. The parents/guardians understand that the provider will make every effort to contact them and/or their designated emergency contacts. I/we will responsible for payment of medical expenses. Medical treatment costs are covered by (Insurance Company)

Please complete the following:

1. I/We will be responsible for any payment of medical expenses or
2. Medical treatment costs are covered by:

Insurance Company _____ Phone _____

Insurance Policy # _____

Parent's Signature _____ Date _____

Transportation

My child, _____, has permission to be transported by a YMCA vehicle and participate in all YMCA program activities and field trips related to the Teen Camp Program.

Parent/Guardian Signature: _____ Date: _____

Supervised Walking Activities

I hereby give permission for the YMCA to take my child on supervised walking excursions.

Parent/Guardian Signature: _____ Date: _____

Swimming/Pool Activities

Circle your child's swimming level: Beginner Intermediate Advanced

I hereby give permission for my child, _____, to participate in swimming activities at the YMCA.

Parent/Guardian Signature: _____ Date: _____

Photographs

I hereby give permission for the YMCA to take photographs and/or videos of my child and use them in publicity if they so desire.

Parent/Guardian Signature: _____ Date: _____



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Rappahannock Area YMCA Disciplinary and Behavior Management Policy

Continued participation in YMCA childcare and camp programs depends upon a child's behavior. We certainly want each child to enjoy the planned activities and to benefit from their experience with the "Y".

The basic rules of safety and conduct are reviewed below. It is your responsibility to make certain that your child understands these rules. Parents will be informed of a child's poor behavior by phone, in writing, and through parent conferences. General discipline techniques involve positive reinforcement for good behavior and careful explanation of unacceptable behaviors. An activity may be denied as the result of repeated poor behaviors and alternate activities will be proposed. Physical discipline is not used, nor will food be denied as punishment.

Failure to comply with the following simple rules may lead to disciplinary action, possible suspension, and/or termination from the program:

- Facility/Program Rules - Cause for Suspension or Termination
- Repeatedly engaging in fighting as a way to solve an issue
- Stealing or defacing the YMCA building/property, and/or other children's or staff's property
- Refusing to follow basic safety rules
- Repeated disrespect of staff, or rude and discourteous behavior towards other children
- Repeated display of an inability to follow established guidelines

Vehicle Conduct Rules:

- Fighting, swearing or abusive behaviors are not tolerated
- Children must remain properly seated and wear a seat belt at all times
- Children may not have any part of their bodies outside of the vehicle
- No eating or drinking is allowed in vans
- Nothing may be thrown outside of the window or inside the van
- Potentially dangerous actions will not be tolerated

The first infraction is followed by parent notification; a second infraction may be cause for suspension of transportation services for a minimum of 2 days. Parent/Guardian will be given written notification of termination with a one (1) week period for obtaining new services. Immediate termination could occur if the YMCA staff feels that the safety and welfare of the child or other children cannot be maintained.

I have read and understand the above policies and have discussed the rules and consequences with my child.

Parent/Guardian Signature _____ Date _____



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Rappahannock Area YMCA Payment Contract & Registration Information

A non-refundable registration fee (see the first page of the enrollment form for the correct cost) is required for each student and a \$10 non-refundable deposit fee is required per child per session to reserve a space in camp. Registration and deposit fees are NON-TRANSFERABLE AND NON-REFUNDABLE, so please choose your sessions carefully. A \$25 late fee will be assessed for all payments not received by the due date. Non-payment will result in immediate termination of services.

| Session # | Dates | Balance Due | Weeks Attending |
|---------------------------|--------------------|-------------|-----------------|
| Session 1 | June 18—June 22 | 6/8 | |
| Session 2 | June 25—June 29 | 6/15 | |
| Session 3 (closed 7/4) | July 2—July 6 | 6/22 | |
| Session 4 | July 9—July 13 | 6/29 | |
| Session 5 | July 16—July 20 | 7/6 | |
| Session 6 | July 23—July 27 | 7/13 | |
| Session 7 | July 30—August 3 | 7/20 | |
| Session 8 (ONLY @ RRYMCA) | August 6—August 10 | 7/27 | |

Camp Registration Fee

\$25 Now—April 30th
\$50 May 1st—End of camp

Camp Price Per 1-week Session

Members: \$80
Non-Members: \$105

*A \$10 deposit for each week attending plus the registration fee is due at time of enrollment.

***If alternate payment programs are needed, please contact the program coordinator or the membership office for financial assistance information.**

ACCOUNTING POLICIES

- Program fees are FIXED and due on Fridays, 10 days prior to each session's start date, whether the child is in attendance or not. There are no vacations or free weeks.
- Payments not received by the due date will result in a \$25 late fee. Payments not received 1 week prior to camp will result in the termination of services
- All payments and late payments are due before services will be reinstated
- Check Policy: All checks are to be made payable to the YMCA. There will be a charge for all returned checks. If 2 checks are returned, cash or money order will be required for future payments.

I understand and agree to pay in accordance with the above payment and accounting policies of the Rappahannock Area YMCA.

Parent/Guardian Signature _____

Date _____



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Rappahannock Area YMCA Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please take a moment to read the information below, and sign below. Thank you.

Your signature below indicates your agreement to the following statements:

- I have read and understand the YMCA Child Care Policies and Procedures
- I have read and understand the YMCA Disciplinary and Behavior Management Policies and have discussed them with my child
- I have read and understand the YMCA Payment Contract and Accounting Procedures
- I understand that while my child is signed out of the LIT program, he/she is responsible for their own conduct while at the YMCA and will not be supervised by YMCA Staff.
- I understand that my child can sign themselves in and out each day of the LIT program.
- I understand that the YMCA staff and volunteers are discouraged from baby-sitting or transporting children at any time outside of the YMCA program
- I understand that the YMCA is mandated by law to report any cases of suspected child abuse or neglect to the appropriate authorities for investigation
- I understand that, for my child's safety, if an authorized person arrives to pick up my child, and appears to be under the influence of drugs or alcohol, YMCA staff may have no recourse but to contact the police.
- I have read and understand all waiver forms that are required to be signed and acknowledge that my child will not be able to participate unless all required waiver forms are filled out properly and returned by the date needed.



Parent/Guardian Signature _____ Date _____

Child Name _____



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AUTHORIZATION TO DRAFT ACCOUNT FOR PROGRAMMING FEES

By signing below, the member acknowledges that s/he has received a copy of the Rappahannock Area YMCA, Inc.'s Electronic Fund Transfer Policy, and agrees to abide by it for all Electronic Fund Transfers requested from their account on behalf of the Rappahannock Area YMCA, Inc. Payment for program fees by Electronic Fun Transfer is subject to approval by the Department Head in charge of the program and the Finance Department.

I would like to pay the following program fees by Electronic Fund Transfer (EFT).

Program Name (circle program): SACC Fun Club 8th Period Summer Camp Preschool

Drafts will be completed on the Friday 10 days prior to the beginning of the camp session.

Name of Bank: _____ (voided check must be attached)

Routing/Transit Number: _____

Please Circle: Visa Mastercard

Credit Card Account Number: _____

Expiration Date: _____ CVV Code: _____

Name of Account Holder: _____

I authorize the Rappahannock Area YMCA, Inc. to request an Electronic Fund Transfer to cover the programming fees for the above program. I understand that this agreement will be in effect for the duration of the program, and can be cancelled by sending a written notice to the Rappahannock Area YMCA, Inc. at least 15 days before the date the EFT is due to be requested from my banking institution.

Member's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____