



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

## **YMCA LEADERS CLUB PILOT : REGISTRATION FORM**

Student's Full Name \_\_\_\_\_ Male or Female (circle one)

Student's Email \_\_\_\_\_ Student's Phone \_\_\_\_\_

Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_ School \_\_\_\_\_ Shirt Size \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Parent(s) or Guardian(s) Email \_\_\_\_\_

Parent(s) or Guardian(s) Phone \_\_\_\_\_

Leaders Club location: (circle one)

Mitch Park YMCA

Midwest City YMCA

Rockwell Plaza YMCA

### Emergency Contact(s) if parent(s) cannot be reached

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell \_\_\_\_\_

### Medical Information

Does participant have any allergies? No \_\_\_ Yes \_\_\_

Does participant take any medications? No \_\_\_ Yes \_\_\_

Does the participant have any other medical/social/physical conditions or limitations we should know about? No \_\_\_ Yes \_\_\_

- If answered yes to any of the questions above, please fill out the additional YMCA Medical form provided by the front desk

# LEADERS CLUB CONTRACT

## TO BE READ/SIGNED BY PARENT/GUARDIAN & TEEN

In Serving as a Leaders Club Member, I agree to perform my responsibilities to the very best of my ability. I will do so with enthusiasm, positivity and respect under the leadership of the club directors.

- I realize that safety is my first priority when working as a YMCA volunteer. I will constantly strive to be aware of the possible hazards and remain educated about safety procedures.
- I understand that I am a vital member of this club and I am expected to attend all weekly club meetings.
- I understand that I am expected to fulfill 50 hours of volunteer service by May 2019.
- I realize that my behavior is important in setting a good example as a leader. Therefore, I will strive to exemplify the YMCA's core values of Respect, Responsibility, Honesty and Caring.
- I will respect the rights and personal properties of others at all times.
- The use of appropriate language are expected at all times during club meetings, volunteering for service hours and club outings.
- I understand that I will refrain from the use of tobacco products, alcohol and illegal drugs.
- I understand that the personal use of cell phones, tablets, iPods, gaming devices, smart watches, ear phones/buds or any other technology must be silenced and put away during club meetings.
- I will be respectful and responsible in my use of social media, including but not limited to, Facebook, Instagram, Twitter, Snapchat, Texting.

By signing with my signature below I give my word that I will put forth my best effort in adhering to the goals and mission of the YMCA and will abide by the terms outlined in this contract.

Teen Signature \_\_\_\_\_

Date \_\_\_\_\_

As a parent/guardian, I have read the Leaders Club contract above and understand what is expected of my teen this year.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_