

# LEADER IN TRAINING REGISTRATION FORM 2010

- ▼ Return this form with your completed application materials to:  
Greater Burlington YMCA, LIT Director, 266 College Street, Burlington, VT 05401
- ▼ All payments of \$85/week are due in full by June 18.
- ▼ Complete a separate registration form for each child.
- ▼ Financial Assistance is available. Call 862-9622 or visit [www.gbymca.org](http://www.gbymca.org)

## 1. Session

- Week 1: June 28–July 2
- Week 2: July 5–9
- Week 3: July 12–16
- Week 4: July 19–23
- Week 5: July 26–30
- Week 6: Aug. 2–6
- Week 7: Aug. 9–13
- Week 8: Aug. 16–20

## 2. Program Site

- Burlington YMCA (ends 8/20)
- Essex Elementary (ends 8/13)
- Richmond Elem. School (ends 8/6)
- St. Albans Town School (ends 8/20)
- Shelburne Community School (ends 8/20)
- Waterbury-Thatcher Brook Primary School (ends 8/20)
- Camp Greylock at Kingsland Bay (ends 8/20)

## 3. Greylock Bus Schedule

Week 1 & 2 only:  
 A  B  C  D  E  F  G  H  
Location: \_\_\_\_\_

Weeks 3–8 only:  
 I  J  K  L  M  
 N  O  P  Q  R  
Location: \_\_\_\_\_

## 4. Personal Information

LIT's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Zip: \_\_\_\_\_

Please check one:  new LIT  returning LIT School and Class \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

The following people have permission to pick up my child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

## 5. Emergency Contacts (if parent/guardian cannot be reached)

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

## 6. Medical Information (An updated immunization record is required with this registration form)

Allergies: \_\_\_\_\_ Dietary Requirements: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## 7. Parent/Guardian Authorization

I, \_\_\_\_\_, parent/guardian of the above participant, \_\_\_\_\_, authorize him/her to attend a 2010 YMCA summer program and to take part in all activities. In case of emergency, the YMCA summer program staff has my permission to give first aid or take the participant to a physician for treatment. I hereby give my permission to the site director or to the YMCA summer program staff to call a doctor for medical or surgical care for my child. Should an emergency arise, I understand that a conscientious effort will be made to locate me or an emergency contact before any action is taken, but I agree to accept any expense associated with such an emergency if it is not possible to locate me in advance of treatment. I give permission for my child to go on trips away from the main program location, whether by foot or Mountain Transit bus. I also give permission for my child to swim during the YMCA summer programs, understanding that a certified lifeguard will be present at all times. I give permission for people I have listed to pick up my child. I understand that these people will be asked for identification if not recognized by the camp staff and that no one other than those listed may pick up my child. I also understand that both parents may add names to or delete names from the list. I acknowledge that I have read and understand the registration, refund and enrollment policies under "General Information."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Registration Date: \_\_\_\_\_

Deposit Amt: \$ \_\_\_\_\_

In Computer: \_\_\_\_\_

Info Pkt. Sent: \_\_\_\_\_

Cr. Card #: \_\_\_\_\_

MC  VISA Exp.: \_\_\_\_\_

Card Name: \_\_\_\_\_