



ACCELERATE
**YMCA Youth Leadership Development
Application**

TODAY'S DATE: _____ DOB: _____ AGE: _____

FIRST NAME: _____ MI: _____ LAST NAME: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL _____

ADDRESS: _____

CITY _____ ZIP _____

PARENT OR GUARDIAN NAME(S): _____

CELL PHONE: _____ EMAIL _____

SCHOOL ATTENDING: _____ GRADE 09/10 YEAR: _____

IS TRANSPORTATION TO THE YMCA GOING TO BE AN ISSUE FOR YOU? YES / NO

Why do you want to be a part of *ACCELERATE*?

What opportunities/activities would you like to see for teens in our community?

Describe what leadership is to you...

YMCA WAIVER

I understand that the Shasta Family YMCA carries no medical insurance, and I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release all rights, claims and damages that I may incur against the Shasta Family YMCA, their representatives, successors and assigns, for any and all injuries suffered by myself or my child in this program. In case of accident or illness, the YMCA has my permission to secure necessary medical attention when and if needed. I understand that when enrolled in YMCA programs there will be pictures taken of the program and its participants. These pictures may be used for flyers, web pages, and the promotion of the program. In signing this I am authorizing the YMCA to use any pictures taken during this program.

Parent/Guardian Name: _____

Date _____

Signature of Parent/Guardian: _____

Date _____

Please fax, mail or drop off this form at the Shasta Family YMCA along with a teacher recommendation signature below.

Phone: (530) 246-9622 Fax (530) 246-9645

Teacher Name: _____

Teacher Signature: _____