



YOUTH LEADERSHIP CITRUS APPLICATION

"A partnership program between Leadership Citrus and the YMCA of the Suncoast"



CONFIDENTIAL APPLICATION

Last Name: _____ First Name: _____ Middle: _____
 Name I wish to have on my nametag: _____ Date of Birth: ____/____/____ T-Shirt Size: _____
 Street: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____ School: _____ Grade 2017/18: _____

What activities do you participate in (inside & outside of school)? What role do you play in each?

Activity	Role
_____	_____
_____	_____
_____	_____

Program Days will be once per month on a Tuesday from 8:00-2:30pm, this will be an excused absence.
 Will any of your above listed activities interfere with these program days? YES / NO
 If yes, please explain:

Using a few phrases or adjectives, please describe yourself:

What else would you like to tell us about yourself?

What qualities do you most admire in others?

On a separate sheet of paper, please answer the following question in 300 words or less.

If you could change one thing in your community, what would it be, how would you do it, and why.

References: Please provide at least two references. References may be contacted if necessary.

First Name of Reference: _____ Last Name: _____
 Street: _____ City: _____ Zip: _____
 Relationship: _____ Phone: _____

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 Street: _____ City: _____ Zip: _____
 Relationship: _____ Phone: _____

Financial Assistance is available. Please check here if you qualify for the Free/Reduced lunch program:

100% attendance is expected and required for graduation from Youth Leadership Citrus. If selected, I commit to full participation in all sessions and to the established standards of the program.

Signature: _____ Date: ____/____/____

Principles of Participation

Parents/Guardians are responsible for transportation to and from the YMCA on Youth Leadership Citrus program days.

- All program days begin at 8:00 a.m. and end at 2:30pm at the Citrus County YMCA 4127 W Norvell Bryant Hwy. Lecanto, FL.
- Students are expected to participate in the full program day. They may not be picked up during the program day unless there's an emergency.
- Students will only be released to parent/guardian(s) included on this document.

Parental Permission

I am the parent/legal guardian of _____ (student name).

I have read the information on the Youth Leadership Citrus Program and am willing to have my child participate. Youth Leadership Citrus, its agents and its employees have my full permission and consent to transport and otherwise provide transportation for my child by public service bus, private automobile, YMCA bus or other appropriate means of transportation in connection with all sessions of Youth Leadership Citrus during the school year in which he/she is a participant.

Further, I understand that Youth Leadership Citrus is a program run separate from any public or private related school program. All program days my child is away from school, they are responsible for making up missed work and for getting the absences excused through the school. I hereby release and hold harmless Youth Leadership Citrus, Leadership Citrus, the YMCA of the Suncoast, its members, agents, employees or any individuals involved in the planning, organization or presentation of Youth Leadership Citrus programming, for any accident, injury, illness or any damage whatsoever related to the above mentioned student's attendance at or participation in any activities or session of Youth Leadership Citrus.

Parent/Legal Guardian Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Parent/Legal Guardian Signature: _____ Date: ____/____/____

Please remit to:

Amber Hall - Citrus County YMCA
4127 West Norvell Bryant Hwy
Lecanto, Florida 34461

Via [email: ahall@suncoastymca.org](mailto:ahall@suncoastymca.org)

Questions: Please contact Amber Hall at 352-500-9622

DEADLINE TO APPLY IS SEPTEMBER 4, 2017