



B.R. RYALL YMCA

2018 SUMMER LEADERS IN TRAINING (LIT) APPLICATION

PARTICIPANT INFORMATION (This form should be completed by the LIT applicant.)

Full Name _____ Gender: Male Female Date of Birth _____
Address _____ City, State ZIP _____
Home Phone _____ Cell Phone _____
Email _____

PARENT/GUARDIAN INFORMATION

Full Name _____ Email _____
Cell Phone _____ Alternate Phone _____

EDUCATION

School Name _____ Grade (for Fall 2018) _____

What extracurricular activities do you participate in? Which do you like best and why?

REFERENCES

1 Full Name _____ Relationship _____ Phone _____
2 Full Name _____ Relationship _____ Phone _____
3 Full Name _____ Relationship _____ Phone _____

PARENT SIGNATURE

I have reviewed my child's application and certify that all the above information is accurate to the best of my knowledge.

Parent/Guardian Name _____ Parent/Guardian Signature _____

-OVER-

Please answer the following questions to the best of your ability:

What is your favorite thing about the YMCA?

Why do you want to be a part of the Leaders in Training program?

What are three personality characteristics you have that will help you to become a good leader?
