

2017 YMCA Central Leaders School Application & Mandatory Participant Health/Emergency Information Form

NOTE: In order for your child to participate in the YMCA Central Leaders School, this form must be fully completed and returned to Dan Schulze, 3150 Sublette Ave, St. Louis, MO 63139 or emailed to registrar@leaders-school.org. Name, phone, birthday, email, & Facebook/Twitter handle may be published in the Leaders School Directory. All other information will be kept confidential and used only by the Leaders School Directors and YMCA staff. *Please type in the form and print; or clearly write all information in dark ink.*

Legal Name _____ Common name _____ Age _____ Sex M F
For nametag/roster at CLS

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Leader Cell Phone (____) _____ - _____ Cell Phone Carrier _____
for text msgs

Birth date _____ Leader Email _____

Local YMCA _____ Facebook _____ Twitter _____

T-shirt Size S M L XL XXL This is my 1st 2nd 3rd 4th 5th 6th 7th I just completed 6th 7th 8th 9th 10th 11th 12th grade in school

EMERGENCY INFORMATION MUST BE FILLED OUT BY PARENT

Parent/Guardian Name _____ Work (____) _____ - _____ Cell (____) _____ - _____
Relation to Leader _____ Email _____

Parent/Guardian Name _____ Work (____) _____ - _____ Cell (____) _____ - _____
Relation to Leader _____ Email _____

Additional Emergency Contact: Name _____ Relationship to Leader _____
Home (____) _____ - _____ Work(____) _____ - _____ Cell(____) _____ - _____

General Health History

Check Yes or No for each Statement. Explain "Yes" answers below. Has the Leader:

- | | |
|--|---|
| 1. Have any known allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Ever had surgery or been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have recurrent/chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Had mononucleosis ("mono") in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back or joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Had seizures/epilepsy? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have any problems with diarrhea/constipation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Traveled outside the country in the past 9 months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have any dental problems? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. If female, have problems with period/menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health

Check Yes or No for each Statement. Has the Leader:

- | |
|---|
| 1. Ever been treated for attention deficit disorder (ADD) or attention-deficit/hyperactivity disorder (AD/HD)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the Leaders' life? <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, etc.)
Please explain "Yes" answers in the space below. Please include current copy of IEP/BIP/504 Student Accommodation Plan.

Leader's Name _____

Medication

This student will not take any daily medications while attending Leaders School.

This student will take the following daily medication(s) while at Leaders School.

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Please include the original pharmacy container which shows the Leader's name and how the medication should be given.

Provide enough of each medication to last the entire week including travel to and from Leaders School.

Name of medication	Date Started	Reason for taking	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other:		<input type="checkbox"/> Refrigeration required?

The following non-prescription medications may be available from the school first aid director and are used on an as-needed basis to manage illness and injury. **Please cross out those the Leader should not be given:**

- | | | |
|--------------------------------------|---------------------------|--|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) | Phenylephrine decongestant (Sudafed PE) |
| Antibiotic cream | Calamine Lotion | Pseudoephedrine decongestant (Sudafed) |
| Bismuth subsalicylate (Pepto-Bismol) | Aloe | Dextromethorphan cough syrup (Robitussin DM) |
| Sore Throat Spray | Generic Cough drops | Guaifensin cough syrup (Robitussin) |
| Antihistamine/allergy medicine | Laxatives (Ex-Lax) | Diphenhydramine antihistamine/allergy medicine |
| Antacid (Tums) | | |

Date of last tetanus booster _____ Health Insurance Provider _____

Policy number _____ Group Number _____

Doctor's Name _____ Phone () - _____

Dentist's Name _____ Phone () - _____

Immunizations: I/We certify that our child has received and is current on their immunization records:

Yes No; If no, I/we understand and accept the risks to my child not being fully immunized. _____ (Initial here)

Nutrition: Student eats a regular diet Student eats a regular vegetarian diet

Student has special food needs; please describe:

Restrictions:

- I have reviewed the program and activities at Leaders School and feel my child can participate without restrictions
- I have reviewed the program and activities at Leaders School and feel the my child can participate with the following restrictions or adaptations:

What have we forgotten to ask? Please provide in the space below any additional information about the Leader's health that you think important that may affect his or her ability to fully participate in the Leaders School program. Attach additional information if needed.

To the best of my knowledge, my child is in good health and has no physical ailments or communicable diseases, other than listed, which will prevent participation in any activity at YMCA Central Leaders School (YCLS), and has my permission to participate fully. In the event that my child needs immediate medical attention for injuries occurring while at YCLS, I give my permission for the YCLS staff members to administer necessary medical treatment. I give permission for the YCLS First Aid Staff to administer over the counter medication to my child as needed. The YCLS staff may also admit my child to a hospital for emergency medical treatment without my consent if I cannot be reached to give my permission. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on participants that may need to be shared with medical providers.

Parent/Guardian's Signature _____ Date _____

PRE-REGISTRATION & AUTHORIZATION

Leader's Name _____

I am a returning Leader (not on Council) interested in being a Floor Leader to help with lights out, wake up calls, promote school spirit and enthusiasm, lead floor meetings, and accept additional leadership responsibilities.

Knowing the purposes and values of Leaders School, I agree to participate fully in all scheduled programs, wear appropriate dress, and to completely abstain from using alcohol, cigarettes, or drugs while attending Leaders School. My failure to conform to these standards of behavior will result in immediate dismissal from Leaders School.

Leader's Signature _____ Date _____

I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

I give consent for my son's/daughter's name, phone, birthday, email, and Facebook/ Twitter handle to be published in the Leaders School Notebook in the directory.

By providing my son/daughter's cell phone carrier, I authorize YCLS to send text messages for registration and school related communication.

I give my consent for my son/daughter to participate in field trips or excursions from the campus with proper supervision. Students may walk, be transported by bus, or be transported in YMCA, college, or other approved vehicles by YMCA staff and volunteers.

I have read, understand, and signed the attached medical release form for my child.

In consideration of the acceptance of this application, we waive ourselves, my heirs and assigns and all claims for damage that I might have against the YMCA Central Leaders School as a result of any and all injuries sustained while my son/daughter attends YCLS.

Parent/Guardian Signature _____ Date _____

Those displaying character and attitude problems at home should not be sent to Leaders School. The sole purpose of the school is training to aid the individual and their clubs back home. All Leaders should be chosen for their performance at their home YMCA, including meetings, fundraisers, and volunteer work. Each student should receive an orientation to Leaders School before leaving, and be given the opportunity to put what they learn to work upon returning.

By signing below, you are attesting to the fulfillment of these requirements and assume all responsibility for conduct and actions.

Leaders Club Advisor Signature _____ Date _____

Leaders School Code of Conduct

Please read and discuss these with your parent(s) or guardian. To show your joint commitment to these expectations, both of you please sign and date this form in the spaces at the bottom, and send the signed form back to the Leaders School Director along with your registration.

1. All participants shall conduct themselves in a caring and responsible manner in transit to and from, and during all functions of the Central Leaders School program. Personal behavior reflects upon the quality of the program, one's club, the YMCA, and one's self.
2. You are expected to listen and cooperate with those leading the various Leaders School activities, from early morning fitness to lights out. Staff, staff-in-training, Illinois College personnel, and your fellow leaders all deserve your attention and support as they lead activities throughout the day.
3. You are expected to attend all of your assigned classes, values group sessions (including skit practices) and the evening events. You are expected to take full advantage of the quality educational opportunities offered at Leaders School by actively participating in them (offering opinions, sharing ideas, asking questions, etc.).
4. You are expected to respect the property of staff, staff-in-training, fellow leaders, Illinois College, and any other property or facilities used or visited by Leaders School. Each participant is legally and financially responsible for any removal, defacing, or willful damage to public or private property.
5. You are expected to observe the "lights out" time identified by the School Director each night. From this time until 5:45 AM the next morning, Leaders must be quiet in their own rooms with the lights out. Of course, trips to the bathroom are allowed, but visits to other rooms, vending, and personal care must be done before lights out.
6. The use, possession or concealment of certain materials is forbidden including but not limited to firearms, knives, flame producing devices, incense, candles, tobacco or nicotine products, alcoholic beverages, noxious chemical agents, illegal drugs – including but not limited to misuse/misappropriation of prescription or over-the-counter drugs.
7. Harassment or intimidation by words, body language, social media, or other age-inappropriate or menacing behavior will not be tolerated.
8. Dorm room switches will not be permitted without the approval of the School Director. These are assigned at random intentionally with students from other clubs.
9. You must have the permission of both roommates before entering another room of the same gender. Dorm building public lounges may be used during class times, but students of the opposite gender should never be in the hallways of the opposite gender. Otherwise, dorms of the opposite sex should not be entered without a staff member.
10. Visitors, alumni, parents, friends, etc., are not permitted on campus unless approved by the School Director. Visitors, alumni, etc., are not permitted in dorms at any time.
11. Expensive electronics are discouraged during the week at Leaders School. Cell phone and media player use should be limited and only be used outside of classes and scheduled activities.
12. At all times outside of dorm rooms, nametags should be worn visibly on the front of the upper torso.
13. Intimate sexual behavior is not appropriate and will not be tolerated.
14. Participants are expected to conform to all regulations on the honor system. Those who are present when a violation occurs and who do not intervene or report the situation may be considered a participant in the violation and may be disciplined accordingly.

These expectations are designed to ensure a safe and comfortable environment for everyone involved with Leaders School. If you violate these expectations, the Leaders School Council's Standards Committee and/or your advisor, with the School Directors, will determine the disciplinary consequences, which may include being sent home immediately at the parent/guardian's expense without refund of program fees.

I understand these expectations and agree to meet them during the entire week at Leaders School.

Leader's Signature _____ Date _____

I understand these expectations and support the Leaders School Directors and staff as they encourage and enforce these behaviors.

Parent/Guardian Signature _____ Date _____