
Last Name School Date

First Name School ID Number Grade

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS
2010-2011 PROGRAM YEAR
11th – 12th – Student Application – (Teen Achiever)**

Please Print Clearly

Date of Birth: _____ Age: _____ Gender: __M __F GPA _____

Address: _____

City: _____ State: ___ Zip: _____ County: _____

Student Email: _____

Parent Email: _____

Student Home/Cell: _____

Parent Home/Cell: _____

Mother/Guardian Name (L): _____ (F): _____

Father/Guardian Name (L): _____ (F): _____

Parent/Guardian Address: _____

City: _____ ST: _____ Zip: _____

Work Phone: _____

In case of an emergency: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Favorite Subject: _____ Least Favorite Subject: _____

What do you plan to do after high school? _____

What are your career goals? _____

How do you plan to achieve your goals? _____

Where do you see yourself in five (5) years? _____

List three words that best describe your character? (1) _____

(2) _____ (3) _____

What is your weakness? _____

What is your strength? _____

Applicant: In 50 words or less, state why you would like to participate in the YMCA Teen Achievers Program (Please print clearly in ink and use additional paper if necessary).

Student's Signature: _____ Date: _____

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS
2010-2011 PROGRAM YEAR
CAREER CLUSTER SELECTION**

Name: _____ Phone/Cell: _____

Student's Email: _____

School: _____ Current GPA: _____ Grade: _____

6th – 7th Grade Students:

Leadership Cluster

*Students in grades 6th - 7th are required to attend the Leadership Cluster

8th – 12th Grade Students:

High School students please select three Career Clusters below that are of interest to you. Please number the clusters (1st Choice, 2nd Choice, 3rd Choice) according to the preference in which you would like to participate.

- Medical/Nutrition
- General Business/Communication/Culinary
- Scholar Baller – 9th – 12th Athletes Only
- CTE: Career Technical Education
- Law//Law Enforcement/Military
- Engineering/Architecture

Junior-Senior Seminar Students: (11th – 12th graders)

College Prep Sessions

It is an expectation and requirement that each Youth/Teen Achiever pursue post-secondary education or technical training after graduation from high school. Post-secondary education includes: college, university, technical or trade school or military/armed forces.

Do you plan to graduate from high school? Yes No

Do you plan to pursue post-secondary education? Yes No

(Post-secondary: college, university, community college, trade or technical school or military)

Please indicate: _____

Please list the names of the colleges or institutions you are interested in touring or learning about.

1st Choice _____

2nd Choice _____

3rd Choice _____

Student's Signature: _____ Date: _____

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS
2010-2011 PROGRAM YEAR
Parent/Guardian Information**

Please Print Clearly

I have attached my child's or children's:

Copy of Current Report Card(s) Wallet Size Photo(s) Family Fee ___ Cash ___ Check

Parent/Guardian's

Last Name: _____ First: _____ Mr./Mrs./Ms.

Child's Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parents/Guardians - Marital Status: ___M ___S ___D ___W ___Extended/Multi-Family

Parents/Guardians Combined Salary:

___Less than \$25,000 ___\$25,001-\$50,000 ___\$50,001-\$100,000 ___\$100,001+

Will your child have adequate transportation to events? Yes _____ No _____

Parent participation is required. Please indicate (3) activities you are interested in providing support when needed. (i.e. planning, organizing, chaperone, etc)

- | | | |
|--|--|--|
| <input type="radio"/> Saturday Sessions | <input type="radio"/> Stuffing Envelopes | <input type="radio"/> Volunteer Service Projects |
| <input type="radio"/> Lunch for Students | <input type="radio"/> Phone Tree | <input type="radio"/> Special Projects & Events |

What is your child's weakness? _____

What are your child's strengths? _____

Please state why you want your child or children to participate in the YMCA Teen Achievers

Please state what you hope your child will gain?

Child's Name: _____, _____

How did you hear about the YMCA Teen Achievers? _____

Parent's/Guardian's Signature: _____

Cell # _____

Date: _____

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS
2010-2011 PROGRAM YEAR
Travel Agreement Waiver / Release of Liability Statement**

To Parents/Guardians and Students:

The agreement below is designed primarily to protect our group members in the event that an emergency might require immediate action and as a necessary precaution to provide the necessary emergency medical treatment or any other contingency that may arise.

Waiver/Release

I hereby state that my child is physically and mentally capable of safe participation in YMCA Teen Achievers activities. I understand and expressly acknowledge that participation in the YMCA Teen Achievers is a privilege. I understand that the YMCA of Central Florida, its volunteers, corporate sponsors, and YMCA staff assume no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or resulting from his/her athletic activities or teen Achievers activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA to obtain medical treatment for my child in the event of an emergency. The YMCA of Central Florida reserve the right to remove any student who, according to the Director's discretion, is judged detrimental to the general welfare of the program, staff and/or other participants. I give permission to the YMCA of Central Florida to use, without limitation or obligation, photographs, film footage, or tape recording, which may include me, my child's or my family's image or voice for the purposes of promoting or interpreting YMCA of Central Florida programs

I give my child permission to accompany the YMCA Teen Achievers on special event, World of Work Tours, and college fairs and to be transported to and from our meeting site. I also give permission for the use of photographs of my child in YMCA brochures and photo collections. I have read and am voluntarily signing this authorization and release. The right is reserved to search any student's belongings, according to the Director's discretion, when reasonable information is available that illegal substances and/or objects (according to the Parent Handbook and/ or that may cause harm to self or others) may be present.

I have read the waiver, student handbook for the YMCA Achievers program. I understand and agree to abide by the policies stated within.

Parent's/Guardian's Signature: _____ Date: _____

Health Statement: Please list information regarding any medical problems, allergies (food or medicine), and any medications student is currently taking or area of concern:

In the event of injury or illness to: _____

Date of Birth: _____ Student's Name _____ Phone: _____

Health Insurance: _____ Phone: _____ Policy # _____

Family Doctor: _____ Phone: _____

Parent's/Guardian's Signature: _____ Date: _____