

\_\_\_\_\_  
Last Name School Date

\_\_\_\_\_  
First Name School ID Number Grade

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS-Osceola County  
2010-2011 PROGRAM YEAR  
9<sup>th</sup> – 12<sup>th</sup> – 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-Osceola County  
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-Osceola County**  
**2010-2011 PROGRAM YEAR**  
**CAREER CLUSTER SELECTION**

Name: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Student's Email: \_\_\_\_\_

School: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Grade: \_\_\_\_\_

**6<sup>th</sup> – 7<sup>th</sup> Grade Students:**

Leadership Cluster

\*Students in grades 6<sup>th</sup> - 7<sup>th</sup> are required to attend the Leadership Cluster

**8<sup>th</sup> – 12<sup>th</sup> Grade Students:**

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

Medical/Nutrition

General Business/Communication/Culinary

Scholar Baller – 9<sup>th</sup> – 12<sup>th</sup> Athletes Only

CTE: Career Technical Education

Law//Law Enforcement/Military

Engineering/Architecture

**Junior-Senior Seminar Students:** (11<sup>th</sup> – 12<sup>th</sup> 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.

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA OF CENTRAL FLORIDA TEEN ACHIEVERS-Osceola County**  
**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 Central Florida YMCA, 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 Central Florida YMCA 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 Central Florida YMCA 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 Central Florida YMCA 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:** \_\_\_\_\_

Student's Name \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Phone: \_\_\_\_\_ Policy # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_