



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUTSIDE THE BOX

Leaders Spring Rally 2016

May 20-22, 2016

Lakeland Hills Family YMCA

March 9, 2016

Dear Leaders Club Advisors,

The Lakeland Hills Family YMCA Leaders Club is SO SO excited to be hosting Spring Rally!!! This is our first rally and we have some awesome things lined up!

We hope that you'll all join us as we begin to think OUTSIDE THE BOX! Please arrive **no earlier** than 8 PM on Friday Night and plan to leave the LHY by 11 AM Sunday morning. If your club will be departing earlier on Sunday, please let me know when you submit your roster so I can make appropriate plans.

Attached to this letter you will find a blank club roster form. Please fill it out with the names, ages & grade levels of your teens attending the rally and either mail, email or fax it to me by Friday, May 6. Registration forms and payment must be received by May 13. I will accept checks, cash or the Leaders can contact me individually and I can arrange for them to pay online with a credit card through our system. **Absolutely NO walk-ins will be permitted.** If you have any questions, concerns, or special situations, please contact me!

On Saturday, we will be **WALKING** to Mountain Lakes High School to use their facility. There is a path behind our Y that we will take; it's an easy 10 minute walk. If you or a teen is unable to walk .5 miles, arrangements for a ride can be made. Please let me know in advance!

Kind Regards,
BreAnne Law
Community Service Director
Lakeland Hills Family YMCA

E: breannel@lhymca.com

P: 973-334-2820

F: 973-334-1308

P.S. Please remind your teens to bring 2 t-shirts each to donate to our service project. They will not get them back and they will need them to participate in an activity on Saturday. – Thanks! 😊



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUTSIDE THE BOX

Leaders Spring Rally 2016

STAFF REGISTRATION FORM

Name: _____ Date of Birth: _____ Home YMCA: _____

Position within PACAA Organization: Advisor Jr. Staff Staff Associate Senior Staff

Home Address _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Do you have any medical conditions/disabilities or allergies? Yes No (circle one)

If yes, please explain: _____

AGREEMENTS

In consideration for being permitted to utilize the facilities, services and programs of the Y for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Y, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges that the Lakeland Hills Family YMCA assumes no responsibilities for injuries, illness or death that may be sustained as a result of my physical condition or resulting from participation in any Y program or activity. The undersigned hereby releases, waives, discharges and covenants not to sue the Y, its directors, officers, employees and agents from any claims for injury, illness, death, loss or damage that may suffered as a result of participation in these activities. The undersigned assumes all risk for participation in Y activities. The undersigned acknowledges that a physician should be consulted prior to participating in any physical activity or program.

While participating in Y programs the Lakeland Hills Family YMCA has permission to photograph myself and/or my children and family members for publicity purposes.

Program participation does not include all the rights and privileges associated with full membership to the Y. This entitles you to participate in the class you are currently registered for. All participants are required to present a valid identification card when using the Y facilities and programs. The undersigned agrees to the rules and regulations and facility policies as stated in the membership handbook.

My signature signifies that I have read, understood, and accepted the program participant agreements listed above.

By signing this form, I am acknowledging my presence at the Leaders Club Spring Rally on May 20-22, 2016. In the event of an emergency, I give permission to the Staff/Volunteers of the Lakeland Hills Family YMCA to provide first aid and secure transportation to and treatment at nearest medical facility.

Participant Signature: _____ Date _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

OUTSIDE THE BOX

Leaders Spring Rally 2016

May 20-22, 2016

Lakeland Hills Family YMCA

Club Name _____

YMCA Affiliation _____ State _____

1st Advisor _____

2nd Advisor _____

Additional Advisors (s) _____

Leaders Name	Age	Grade

ROSTERS DUE TO BREANNE BY FRIDAY, MAY 6

BREANNEL@LHYMCA.COM

FAX: 973-334-1308

Leaders Name	Age	Grade

ROSTERS DUE TO BREANNE BY FRIDAY, MAY 6

BREANNEL@LHYMCA.COM

FAX: 973-334-1308